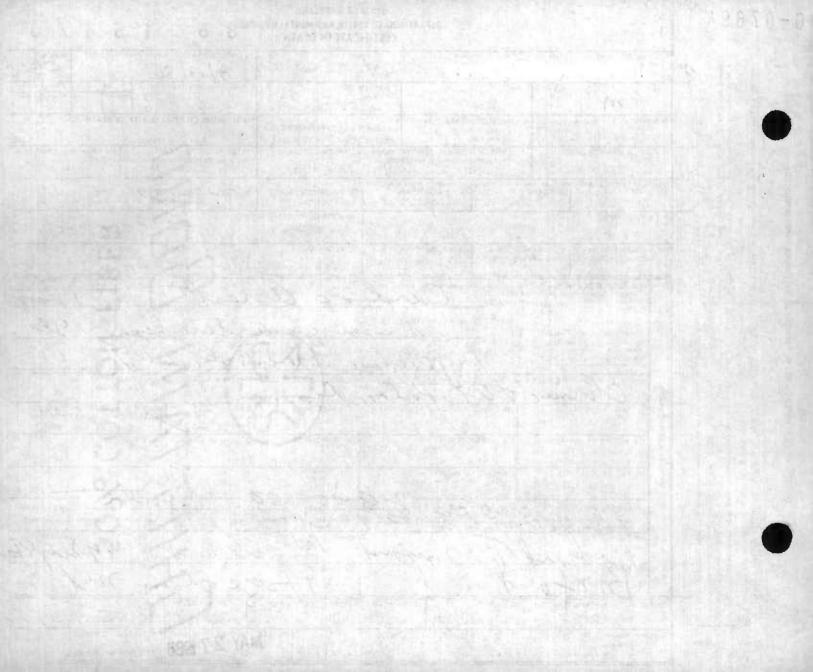
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	enamed by the heaptal is attending physician.  10 FUNESAL DIRECTOR After this carrificate has been used by the other displaced and completely filled in by the fuestal displaced as a should be displaced for use at the buriol framity permit Then please remove carbon opers. Pages only 2 should be filled within 72 hours often death with the State Death of Health and Americal Hygiens prior to buriol crematic event, the midical assumption of them 18 shows any injury, as other trainment event, the midical assument matter collection and at their	TO FUNERAL DIRECTOR. After this certificate has been ugned by the attending physician and completely filled in by the flueval director, page 3.  TO FUNERAL DIRECTOR. After this certificate has been ugned by the attending physician and completely filled in by the flueval director, page 3.  **Notice be defected by the purple of the physician permit Their please entertion and completely filled in by the flueval director, page 3.  **NOTICE TO FUNERAL DIRECTOR. After the undertained by the attending physician and completely filled in by the flueval director, page 3.  **NOTICE TO FUNE TO THE State of the undertained by the attending physician and completely filled in by the flueval director, page 3.  **NOTICE TO FUNE TO THE STATE TO THE UNITY OF OTHER TRAINING OF THE UNITY OF THE	The BIRTHPLACE INTERESTORANE  THE BIRTHPLACE INTERESTORANE  THE BIRTHPLACE INTERESTORANE  TO STATE BIRTHPLACE INTERESTORANE  THE BIRTHPLACE INTERESTORANE  TO STATE BIRTHPLACE INTERESTORANE  T	The BIRTHPLACE STATE REGISTRAR  1. DECEASED NAME MISS ROBERT  2. SEX White White White SEX White OF CONTROL OF	DEPARTM  1 - STATE  1 - DECEASED NAME  1 - STATE  ROBERT VINCOM  ROBERT  ROBERT VINCOM  ROBERT  ROBERT VINCOM  ROBERT  ROBERT VINCOM  ROBERT  ROBERT  ROBERT VINCOM  ROBERT  R	POR STATE REGISTRAR  1. DECEASED NAME TABLE MADDER VINCENT  Robert Vincent  3. SEX ROBERT VINCENT  White Sex White Sex White Sex Manual Manual Columnian Sex Manual Columnia Sex Manual Columnian Sex Manual Columnian Sex Manual Columnia Sex Manual Columnian Sex M	DEPARTMENT OF HEALTH AND MENTAL BYG  STATE REGISTRAR ROBERT VINCENT  ROBERT VI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE BEGGSTRAR  BEGGSTRAR  ROBERT VINCENT ALLAMONG  ROBERT A



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VII	Z & SOI W				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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DIVISION OF VIT	G PHY: er this s the bu ond M	MED	WHILE TO NOT WHILE TO			CITY OR TOWN	COUNTY STATE
ā	or or or anough		22a I certify that (1)(this hospi	tol) ottended the deceosed from,	5/3 19 8	6,10 5/21	19 86, that (IB)(we) lost
	TTEP Porto for u		saw the deceased alive on above (1) we) (did) (did no	5 /2 19 19 1	and that in my (our) opinion	death occurred on the date and ha	ond from the couses stated
	OR A e hos DIREC Oched Dept.		226. SIGNATURE	116	110 0.1	La vancantini and	221. DATE SIGNED
			110 Veil 1	he any 166			13/27/56
	HOSPI FUNER	33	1210 PHYSICIAN'S NAME TYPE O	MPBE()	170 ADDRESS A A	SERSTOU	129 Md
	D € D € 7 € /	23a. 8	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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L.s. Corfmar Funeral nome, Inc.

Bagerstown Washington County Hospital Teacher Schools

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	STATE OF MARYLAND
DEPAR	TMENT OF HEALTH AND MENTAL HYGIENE
	CERTIFICATE OF DEATH

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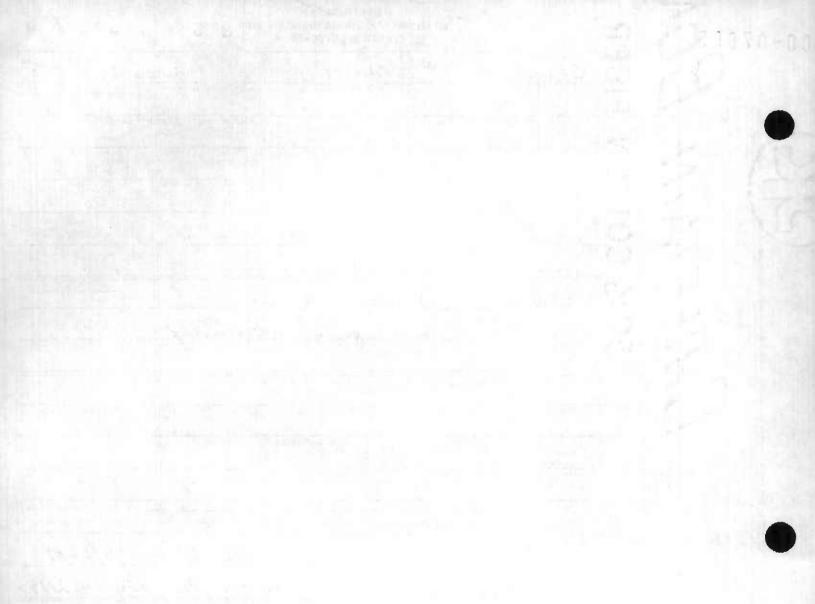
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	3. SE			NACE White	3	5. DATE C	DAY YEAR	6. AGE TIN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HR	N.
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1		Frederick	: A		Andrews		15 MOTHER'S MAIDEN NAM	A.		owers	
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7		210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA		M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM			
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		22a.1 certify that (1) saw the decease abave, (1) (we) (c	ed alive on		19_		nd that in (my) (our) apinian c	, to death accurred on the do			ast
		276. SIGNATURE QUYE COLOR PRINT)  276. PHYSICIAN'S NAME (TYPE OR PRINT)					DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAF	F _ 61	22/88	
L		ABDUL	W	AHERL			1610 - OAK	Hill AVE	E. HAG. A	10 2179	0
	É	BURIAL, CREMATION, USPECIFY OUPIAL UNERAL DIRECTOR		May 24	,1986 R		emetery or crematory ill Cemetery	Hagerstou	m, Wash,		1
	19 1	DISERAL DIRECTOR /	VIIIVIVIC	II EUIVEIN	ALI HUND		1 / X0 M AVA	THE CAP HE WAS AN ARE	LOU REGISTRAKS SIGN	ATURE	

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Wilson Blvd., Hagerstown, Md. 21740

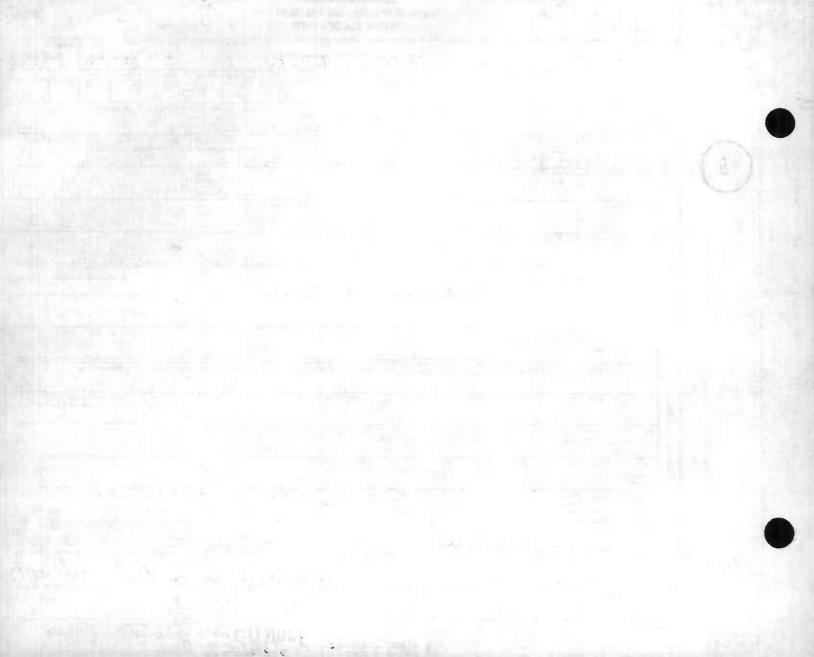
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	1		STAT	E OF MARYLAND		Amp 1
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2 32 25		RTHPLACE (STATE OR FOREIGN	THE CITIZEN OF WILLAT COUNTRY O	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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1 11/17	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
E # #10#0	Ha	agerstown	1717 The Terrace		TYPE OF WORK FOR MOST OF WORKING LIF	Medicine
212 hour hour	USU		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?		917111
N 4 PP		100. 000	ington Hagerstown		136. STREET ADDRESS 1717 The Terr	race 140
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WAM & SON O	D	Arthur Ma	-	Lillian	Joseph Ha	avward
d co	16p. \	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	., w.c.z. <u></u>
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With the same of t		underlying cause last.	(c)			
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ECO E E E E E E E E E E E E E E E E E E	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		YING CAUSES OF DEATH?
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DIVISION OF Offending p of the this certal on the bursal- th and Memal	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NIC OF TACK	2	AT WORK NOT WHILE	(A. Home, Street, Pacific, Office, Pakin, Etc.)	101	5/12	61
NDI A Sold of the office of th			tal) attended the deceased fram	G 0 , 19_		19
175 Per 175		saw the deceased alive at the ve, (I) (we) (did) (did no	ly view the bady after death.	nd that in (my) (aur) apinian	death accurred an the date and have	r and from the causes stated
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AAL DAL		Judhu	A Clen 11 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	15/12/36
HOSPIT.		270 PHYSICIAN'S NAME (TYPE		22e ADDRESS		
4 4 5 4 6 /		frederic	It lass III	1825 Ito	well tel I tog	erstown hid
25 42137	23o. I	BURIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	5-14-86 Rest H	aven Cemete:	77	Wash. Md.
DHMH-16 30M 2/B0	24 F	JNERAL DIRECTOR	305 N. Rotoma		E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	Ge		ich Hagerstown, M		1 5 1986 when the	widson Andree

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4 may be or, page 3 ter death			4 RACE	Kershner	BOS S DATE O		28 DATE OF DEATH MON	7-31-86	R IF UNDER 24 HRS
death. Page	C	male  RTHPLACE (STATE OR FOREIGN  DUNTRY)  aryland	U.S.	A.	MARRIE WIDOWI		BALTIMORE CITY OR CO Washington	YRS OUNTY OF DEATH	MC
Carlo Carlo	u	TY OR TOWN OF DEATH  I'M SPORT  AL RESIDENCE OF HURSING HOME	D'IL	am Sport	ADDRESS 4	rother institution , 43 Ng Home	12a USUAL OCCUPATION (117PE OF WORK FOR MOST OF WO guard		
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TO HOSPITAL OR ATTENDIN retained by the hospital or atten TO FUNERAL DIRECTOR: Aftrestool be detached for use as the with the State Dept. of Health an IMPORTANT: If Item 21 is mark		22a   certify that (I) this ho saw the decaysed glive bove. (In we) kind I did	on		5 86.0	d that in my)(our) opinion DEGREE ATTENDING PHYSICIAN		and hour and from th	, that (1) (we) lost e couses stated E SIGNED
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n and con Pages 11	16	WAS DECEASED EVER IN U.		166 SOCIAL SECU 219-200-	JRITY NO	17 INFORMANT	ADDRESS	Signation		
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TO HOSPITA TO FUNER should be d with the Sto		George N	ewman, II,		1445.05.0	Hage	Howell Road	and 21740		
BP		BURIAL CREMATION, REMO	June 2	2, 1986 Ce	edar I	emetery or crematory  awn Mem. Parl		Wash., Maryla		
DHMH - 16 60M 7/84		FUNERAL DIRECTOR M	INNICH FUN	ADDRESS		The state of the s	REC'D. BY REGISTRAR 251, RE	a Daviden Januar		

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH

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	REGISTRAR					REG. N	J			
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LA	ST		20. DATE OF DEATH	MONTH	DAY YE	AR 2b HO	UR
	David	Emerson	BRU	NGARD		May	23,	1986	4:0	6 AM
3, 58	4	RACE	5. DATE OF	F BIRTH DAY	YEAR	6 AGE (IN YEARS LAST BIR	(YADAY)	IF UNDER I	YEAR IF UNDE	R 74 HRS
1	Male	White	2	24	13	33	YRS	MOINTA	PATS   NOURS	min.
		CITIZEN OF WHAT COUNTRY?	8	T NEVER	onus D	9 BALTIMORE CITY O		TY OF DEAT	Н	
7 P	ennsylvania	U.S.A.	WIDOWED	NEVER MA	RCED	Washing	ton			440
-	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	NG HOME OF		-	12a USUAL OCCUPATI	ON .		ND OF BUSIN	VESS OR
2	Hagerstown	Western Mary	land Co	enter		operating	Eng	inee:	r Con	st.
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M. F	ATHER'S NAME			15 MOTHER'S N		ME				
1	Oliver ~	Brungar	d	A'1	ice	WIDDLE			hrive	r
60	WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES. GIVE	ED FORCES? 166 SOCIAL SECU		17 INFORMANT		ADDRE	1715	Col	e Str	eet
	No -	<u> </u>	6445	Thelma	G.	Brungard	Balt	imor	e Md	
	18 CAUSE OF DEATH (Enter only	one couse per line for (a) b), on	6 b			4		BETY	PROXIMATE INT	ERVAL ID DE ATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pill monary employed									
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2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									
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뿔	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, I	FARM ETC )	STREET		CITY OR TO	WN	COUNT	A	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4) "errord vanta | U.S.A.

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5-27-86 Rest Haver Coochery Hageratown, Washington, No.

Dispersion, No. 1 and a sesse 

Rose Hill Cemetery

Hagerstown Washington Md.

May 28,1986

Bast Funeral Home Rfd.4 Box7 Boonsboro Md.

STATE OF MARYLAND

OHMH - 16 60M 7/84 (VPA 15, 4) Burial

24 FUNERAL DIRECTOR

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Reunolds Amanda ADDRESS Donald Harbaugh, Hagerstown, APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED STAFF should be det with the State IMPORTANT: DIRECTOR PHYSICIAN 23a BURIAL CREMATION, REMOVAL buria? May 16, 1986 Cedar Lawn Mem. Park Hagerstown, Wash., Maryland 25g DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wilson Blvd., Hagerstown, Md. 21740

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

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IF UNDER 1 YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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or 4 mo	1 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MAIN			
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S of	HAGERSTONN		4	LANOR INC.	Laborer	Rubber Co			
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230 NAME OF CEMETERY OR CREMATORY Hagerstown, Washington, Md. 23a BURIAL, CREMATION, REMOVAL Burial 5-31-86 Rose Hill Cemetery 24 FUNERAL DIRECTOR A.K. Coffman Funeral Home, Inc.

DHMH - 16 60M 7/84 (VRA 15, 4)

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he low re on.	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH	?
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DHMH - 16 50M 4/B2 (VRA 15, 4)		K. Coffman	Funeral	Home, In	erst	own, Md.	N 4 1986	gine varies	2 Thenes	1

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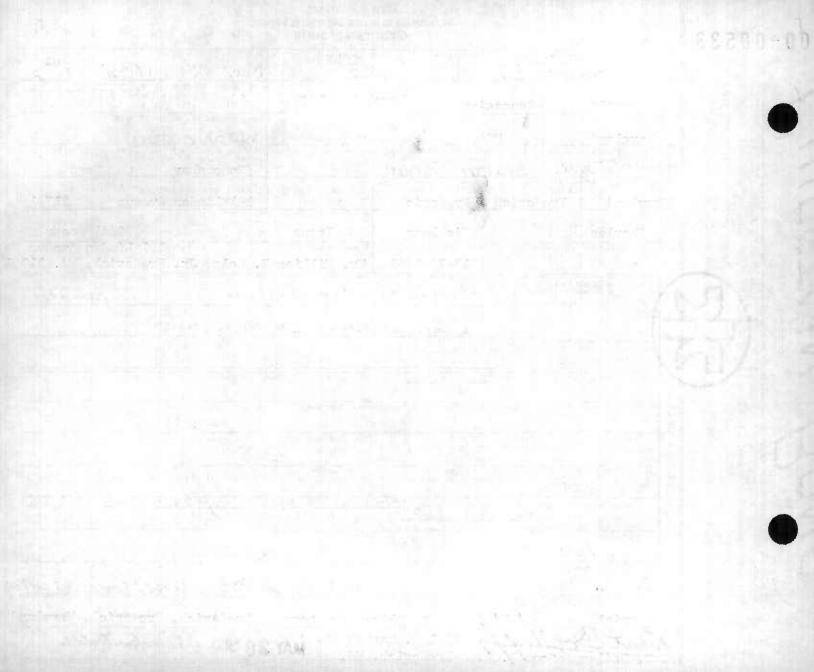
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Maryland Warhington degeration 2 50 Summit Avenue 21740

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Jurial - 16-2-86 Rest Mayon Comptery Moderatown, Maniforton, Md

A.K. Coffman I uneral Mome, Inc.



415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH) REGISTRAR DECEASED NAME 20. DATE KNOWN (X) MONTH (TYPE OR PRINT) 13/10 86 5/ Earl Η. Dennis, Jr. DEATH MATED 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 20 DATE LAST BIRTHDAY PRONOUNCED Nov. 15,1950 13/19 86 Black 35 DEAD Male 76 CITIZEN OF WHAT COUNTRY? 1. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. West Virginia Washington County, WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Social Worker Juvenile Detentio Hagerstown Washington County Hospital Center UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 613 West Burke Street 25401 In STATE 136 COUNTY 13c. CITY OR TOWN W. Va. Berkeley Martinsburg FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Iris Mosby Earl H. Virginia Dennis, Sr. IM. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT McKeesport, Pa. I IIS. NO. OR UNKNOWNI LIEYES GIVE WAR OR DATES! 211-40-7934 Thomas E. Waters Funeral Home 15132 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DE ATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARDED TO THE CHIE PAGE 3 SHOULD BE US STATE DEPARTMENT OF 21201 PRIOR TO BURN NO 210 EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5/13/ 1986 subject hanged self in jail cell P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.I iail cell Hagerstown City Police Dept., Hagerston, Md. Autopsy X 220 I certify that I took charge of the remains described above, held on Inquiry Suicide XX Natural causes Accident Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL 5/13/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) 111 Penn St ADDRESS 230 BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION May 17,1986 McKeesport&Versailles Cem. McKeesport, Burial Pennsylvania 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGN 1050 York Road (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 20M 4/82

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	FELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. I PAGE 5 FOR YOUR FILES. BEGILED, WITHIN 72 HOURS STAN WIRESON SREET.	I	Hagersto	wn	11 West	Baltimo	re Stre	et	Housew	RKING LIFE)		OR INDUSTR	ťΥ
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	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOI TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BAUTIMORE, MARYLAND	23g B	URIAL, CREMATION	REMOVAL 12	b DATE		METERY OR CREA		1236 LOCATION	rar y zana			
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Route # 2 Rose 30 101-10-8504 .gnlee 1. house Boomsbore, Mc.

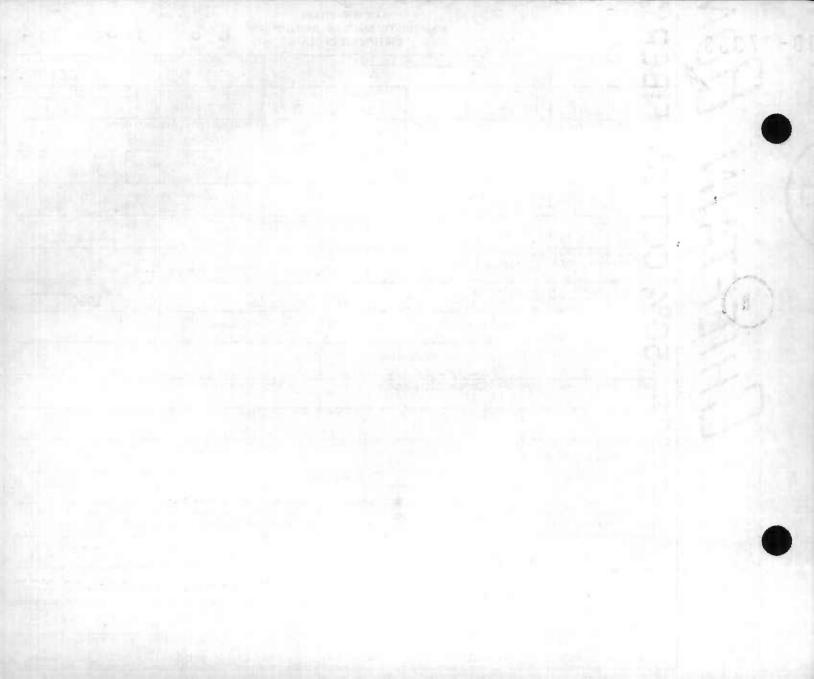
Cremation 1-0-16 Smithsburg Creambarium Squithsburg, Nash., Ed. A.A. Comman Funcial Home, Inc.

	1					STAT	OF MARYLAND			or or	Th. 198
0934	5	1 -	FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		5 4	9 0
. 84			EASED NAME FIRST OR PRINT!		MIDDLE		AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 7
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m Fer b	- 1	3 SEX		4 RACE		5 DATE C		6 AGE IN YEARS LAST BIRTI		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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and the second	5	V. V	THPLACE (STATE OR FOREIGN UNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DI DIVORCED	BALTIMORE CITY O	g county o		MD.
oy the fulled with	19		y or town of DEATH erstown	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A NGTON CO.	DORESSI	ital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Broadcaster	WORKING LIFE!	IZE KIND OF INDUSTRY Radi	F BUSINESS OR
YLAND 212 ithin 24 hour lefy filled in I	6	130 S	Va. Berke	or other institution INTY Ley	Martinsb	ADMISSION)	134 INSIDE CITY LIMITS? YES NO 🛣	Rt #2, Box		99	1999
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MORE execu		{Y	AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, GIT O	RMED FORCES? VE WAR OR DATES)	282-01-32		Ruby H. Dento	ADDRE		Martin	shura W
s that the death ce by the ottending please remove carbinal, cremation, or r			Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(c)	OR AS A CONSEQUE	NCE GE	heart de mosts	LEAL DISEASE OR CONE	DITION GIVE	N IN PART 110	51
ON OF VITAL RECORDS IYSICIAN. The low requy ding physician. Is certificate has been si burial-transit permit. The Mental Hygiene prior to		0	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE  (IF ETHER, NOTHY MEDICAL EXAMINES	21b. TIME C			N WAS PERFORMED	200 AUTOPSY?  YES □ NO □  ED (ENTER NATURE OF INJUR	IN CERTIFY		IGS USED OF DEATH? NO
DIVISION DING PHYS or attending After this of the bur		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY FREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOW	н	COUNTY	STATE
by the hospital or attending the hospital or attending the hospital or attending the hospital or attending the hospital hospital or hospital or hospital hospital or hospital hospital hospital or hospital hospital hospital	SI I Z III Z		220.1 certify that [1] this hosp saw the deceased alive on above (1) well did it did in 22b. SIGNATURE  22d. PHYSICIAN'S NAME (TYPE:	of) view the body			d that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN			22c. DATES	
TO HOSP retained TO FUNE should be with the Standard			Karen J. Ru	dolph, M	1.D.		2010 Oats Dri	ve. Marting	burg.	W. Va	25401
7998799	/	(5	URIAL, CREMATION, REMOVAL PECKY) 1211		231 N 3,1986 Ros		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	Ç	ounty kelev	STATE W. Va.
DHMH-16 20		_	NERAL DIRECTOR		Rt.	7. B	OX 210-A 250. DATE	BE D. BY REGISTRAR	Sh. REGISTRA	AR'S SIGNATU	
(VPA 15 417		Alv	7a D Ti-		Martingh	211000	TATE 24404 LINE	DE 13000 1.6	Karika	a Thankal	m2.



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07355	1	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 6	1	5 4	9 2
y be oge 3 deoth		CEASED NAME F	SARAH K	MIDDLE Kather	rine <sub>EB</sub>	AST Y	REG. NO 20 DATE OF DEATH 5/18/86	MONTH DAY	YE AR	26 HOUR 12:45P
moy pog	3 Se	X	4. RACE		5 DATE		6. AGE   IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
sge 4	1	female	white	e	Mo	rch 13, 1911	75	YRS.	DAYS	HOURS MIN.
deorn. Po		IRTHPLACE (STATE OR FORE) COUNTRY) Mary Land	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Washin		DEATH	MD
S offer of the full of the ful	V.	Hagerstown	11. NAME OF	HOSPITAL, NURSING PACILITY, GIVE STREET POTOMAC	ADDRESS) AVENU	DR OTHER INSTITUTION	120 USUAL OCCUPATE		126. KIND OF	F BUSINESS OR
filled in roold be	130	AL RESIDENCE IN NURSING ISTATE  Mary land  N	HOME OR OTHER INSTITUTION. COUNTY Cashington	13t. CITY OR TOW Hagerst	/N	134 INSIDE CITY LIMITS?	136 STREET ADDRESS / 1013 Poto	ZIP CODE mac Ave	. 2	1740
mpletely and 2 sy	14 F	ATHER'S NAME Harry	MIDDLE H.	Semler		15 MOTHER'S MAIDEN NA. $Idlpha^{ ext{First}}$				rader
edicol		WAS DECEASED EVER IN L		166 SOCIAL SECL		17 INFORMANT	ADDRE			
e oo e		no	TES, GIVE WAR OR DATES)	214 09 8	3696	Larry Eby,	Hagerstown,	Md.		
requires that the dear feet een signed by the otter or to buriol, cremation, or reny injury, or other traumatic ey	TION	Conditions, if ony, when gove rise to immedicate (o), storing underlying couse in PART 2 OTHER SIGNIFIC	ote (b) out	R AS A CONSEQUI	ENCE OF	ocytic leuken	sinal disease or coni			
the low ion.	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	G CAUSES	OF DEATH?
nding physic his certificate buriol-trons a Mental Hyg	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICAL E. 21d IN JURY OCCURRED	E OF DEATH HOUR A  XAMINER) P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	21c HOW INJURY OCCURR 211 LOCATION STREET		Y IN ITEM 18 PART 1		
offer the though the price of t	2	WHILE NOT WHILE	[ IAT HOME STR	REET, FACTORY, OFFICE F	ARM ETC )	ZIMEEL		717-12	COUNTY	STATE
R: A: Wise dealth		22a I certify that (I) (this			Apri	18 19 81	5/9/8	5 19_		hot (I) (we) lost
hospital RECTOR hed for up		sow the deceosed of obove, (I) (we) I did) (	did not) view the body	olter death.	86_, 01	d that in (my) (our) apinion o	deoth occurred on the do	te and hour onc	d from the c	ouses stoted
the tool		Main E. L	Moren D.				MEDICAL STAF XDIRECTOR PHYSIC		5/1	9/86
retained by the TO FUNERAL should be detroited with the Stote IMPORTANT;		Mary E. Mo	ney, M. D.			1708 Oak Hi	ll Avenue,	Hagersto	own, l	MD 21740
BP	230	BURIAL, CREMATION, REM DUPIAL	May 21			EMETERY OR CREMATORY	23d LOCATION Hagersto	wn, Was	h., M	ary länd
HMH - 16 60M 7/84 (VRA 15, 4)	24 F		MINNICH FUN on Blvd., H	ERAL HOME agerstown		21740 250 DATE	AY 2.2 1000	Sb. REGISTRAR"		IRE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00 - 07255CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I DECEASED NAME Hilda Baker FIELDS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR 3. SEX IF UNDER 1 YEAR MONTH Sept. 10, 1905 80 YRS BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Pennsylvania USA Washington WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Hagerstown Washington County Hospital W. PRESTON ST., BALTIMORE, MARYLAND 21201 housewife UDUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130 COUNTY 131. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO K Maryland Washington YES | 14 Linbar Drive Hagerstown 21740 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Baker Luther Miller Lulu 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 218-30-9239 Beverly Welch, Hagerstown, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH IEnter only one cause per line fay a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) EKNIATION) Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR MA CONSEQUENCE OF underlying cause last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 20 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERT 210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 LIFEITHER NOTIFY MEDICAL EXAMINER P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (I) This hospital attended the deceased from 56 saw the deceased alive on y rous) appearan death accurred an the date and have and from the causes stated and that in (m (Daye) (did) (did not) view the body ofter death. DEGREE TTCNOING TAU DATE FUNERAL PHYSICIAN DIRECTOR PHYSICIAN with the St 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY burial May 18,1986 Singer Hill Cemetery Ft. Loudon, Franklin, Pa. 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 750. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VRA 15, 4)

FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5	6	1	5	والمرا	9	
	REG. NO.					
		0		ACCRECATE VALUE OF THE PARTY OF		

REGISTRAR					REG. N			
PECEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH		AY YEAR	2b HOUR
ORTHIN]	Richard	Howel	1 :	FISHER	May 10,	1986		12:30
SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
Male	W	hite	Ma	y 13°, 1910°	75	YRS.	0.1110	Mile.
BIRTHPLACE (STATE OR	FOREIGN 76 CITIZ	EN OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
eedysville	, Md. U	. S. A.	WIDOWE		Washing	ton		WE
CITY OR TOWN OF DEA	TH 11. NAA	ME OF HOSPITAL, NU	JRSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	E WORKING HEE		F BUSINESS OR
eedysville	R	fd. 1 Box	59		Railroade	r	B &	O. Railı
UAL RESIDENCE (# NURS STATE Maryland	13b COUNTY Washingte	13c CITY QR		13d. INSIDE CITY LIMITS? YES NO A	13e.STREET ADDRESS	ZIP CODE OX 59	217	56
James	MIDDLE	Fishe	er	15 MOTHER'S MAIDEN NA.	<b>●</b> MIDDLE	UK.	McC	оу
WAS DECEASED EVER	IN U.S. ARMED FOR		SECURITY NO. 09-7248	Mrs. Elizab	eth Keyton,	Rfd. Keedv	1 Box	59 . Md.
THE CALIFE OF DEAT	W (Enter anh) and an	ouse per line for (a), (b	o and ici	116		11000	APPROX	IMATE INTERVAL ONSET AND DEATH
Conditions, if ony, gove rise to immocouse to l, stotir underlying couse	, which mediate and the DUE	E TO, OR AS A CONSI	EQUENCE OF	vivel gast)	reiterti	j		
Conditions, if any, gove rise to improve to the couse to the couse underlying couse	, which mediate g the lost. DUE	E TO, OR AS A CONSI	EQUENCE OF		INAL DISEASE OR CON	DITION GIVE	WERE FINDIN	NGS USED
Conditions, if ony, gove rise to immouse lot, stotic underlying couse  PART 2. OTHER SIGN	which mediate ag the lost.  NIFICANT CONDITION 19b.	E TO, OR AS A CONSI	EQUENCE OF	n was performed	200 AUTOPSY?  YES NO ST	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED
Conditions, if ony, gove rise to imicouse (D), stoffin underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING  (# EITHER NOTIFY MEDI  21d. INJURY OCCUR.  WHILE NOTIFY WHE	, which mediate ag the lost.  NIFICANT CONDITION  TION  19b.  DERLYING 21b.  CAUSE OF DEATH  CALL EXAMINER)  RED 21e  [AT P.	E TO, OR AS A CONSI	EQUENCE OF TO DEATH BUT HICH OPERATIO		200 AUTOPSY?  YES NO ST	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
Conditions, if ony, gove rise to imicouse (o), stofir underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING 1 LIFETHER NOTIFY MEDI 21d. INJURY OCCUR AT WORK NOT WAT WORK	which mediate go the lost. DUE  NIFICANT CONDITION  TION 19b.  DERLYING 12b.  CAUSE OF DEATH HC  CALEXAMINER)  RED 21e.  (AT HILE 18b.	E TO, OR AS A CONSI  E TO, OR AS A CONSI  CONDITION FOR WE  TIME OF INJURY  DUR A.M. MONTH  PLACE OF INJURY  HOME STREET, FACTORY, OF	EQUENCE OF STO DEATH BUT HICH OPERATIO  DAY YEAR  19  FFICE, FARM, ETC.)	216. HOW INJURY OCCURI	200 AUTOPSY?  YES NO NOTE:  NO NOTE:  NO NOTE:  YED (ENTER NATURE OF INJURE)	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES D (1) (RT 1 OR PART 2) COUNTY	NGS USED OF DEATH? NO
Conditions, if ony gove rise to imm couse to i, stolir underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI AT WORK NOT WAT WORK  22a. I certify that (1) sow the decess	DUE, which mediate ag the lost. DUE lost. DUE  NIFICANT CONDITION  THON 19b.  CAUSE OF DEATH HC  CALEXAMINER) 21e.  (AT HIRE (AT HIRE (AT HIRE))  (It his hospitol) ofter ed olive on	E TO, OR AS A CONSI  (b)	EQUENCE OF BOTO DEATH BUT HICH OPERATIO  DAY YEAR  19  FFICE, FARM, ETC.)	211. HOW INJURY OCCURI	200 AUTOPSY?  YES NO NO NOTE:  RED (ENTER NATURE OF INJUIC	20b. IF YES, IN CERTIFY YES RY IN HEM IS PA	WERE FIND IN ING CAUSES	NGS USED OF DEATH? NO  STATE
Conditions, if ony gove rise to imm couse to i, stolir underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI AT WORK NOT WAT WORK  22a. I certify that (1) sow the decess	which mediate go the lost.  DUE  IOST.  DIFICANT CONDITION  TION  IPD.  CAUSE OF DEATH HC  CAL EXAMINER)  RED  (AT HERE  (this hospital) other	E TO, OR AS A CONSI  (b)	EQUENCE OF STORY OF THE STORY O	211 LOCATION STREET  , 19 and that in (my) (our) opinion DEGREE	200 AUTOPSY?  YES NO NO NOTE:  CITY OF TO death occurred on the death occurred occurred on the death occurred occurred on the death occurred oc	20b. IF YES, IN CERTIFY YES RY IN HEM IS PA	WERE FIND IN ING CAUSES	NGS USED OF DEATH? NO STATE  that (I) (we) lost couses stated
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Conditions, if ony, gove rise to imicouse [01], stoffin course [01], sto	Which mediate no the lost.  NIFICANT CONDITION  THON 19b.  DERLYING 21b.  CAUSE OF DEATH HC  CALEXAMINER)  RED 21e.  (AT P.  RED (AT P.  R	E TO, OR AS A CONSI  (b)	EQUENCE OF STORY OF THE STORY O	211 LOCATION STREET  , 19 nd that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUICITY OR TO death occurred on the death occurred occurred on the death occurred occurred on the death occurred	20b. IF YES, IN CERTIFY YES RY IN HEM 18 PA	WERE FIND IN (ING CAUSES )	NGS USED OF DEATH? NO STATE  that (I) (we) lost couses stated
Conditions, if ony gove rise to imm couse 101, stofit underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIV. OR CONTRIBUTING UP AT WORK NOT WAT WORK AT WO  22a. I certify that (1) sow the decease obove, (1) (we) (22b. S.	Which mediate in the last.  NIFICANT CONDITION  THON 19b.  DERLYING 121b.  CAUSE OF DEATH HC  CAL EXAMINER]  RED 21c.  (AT PARK  (Ithis hospital) other ed alive on did) (did not) view the last.  AME (TYPE OF PRINT)  REMOVAL 23b. D.	E TO, OR AS A CONSI  E TO, OR AS A CONSI  CONTRIBUTING  CONDITION FOR WE  TIME OF INJURY  DUR A.M. MONTH  P.M.  PLACE OF INJURY  HOME STREET, FACTORY, OF  me body after death.	EQUENCE OF CONTROL OF	211 LOCATION SIREET  , 19 and that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUICITY OR TO death occurred on the death occurred occurred on the death occurred occurred on the death occurred	20b. IF YES, IN CERTIFY YES RY IN HEM 18 PA	WERE FIND IN (ING CAUSES )	NGS USED OF DEATH? NO STATE  that (I) (we) lost couses stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Surial e-1,-80 Milrylow Community (searchile, sach. Co., Mi.

STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE 00-07622 - STATE REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X ESTI-(TYPE OR PRINT) ELAY IS NECESS.
TO THE FUNERAL DIRECTON.
V PAGE 5 FOR YOUR FILES.
BEE FILED, WITHIN 72 HOURS
201 W. PRESTON STREET, E. GEORGE. FOGLE, SR. DEATH MATED 19 86 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR TIF UNDER 24 HRS. DATE 2d HOUR 60 YRS. RONOUNCED Male White July 8, 1925 DEAD 19 86 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Pennsylvania U.S.A. DIVORCED Washington County ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Self-employed Hagerstown Washington Co. Hosp. Auto Mechanic LL COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS No 1 11926 Wayne Highway Franklin Penna. Waynesboro 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Fogle Lamora Bittinger George ADDRES 11926 Wayne H WY 6a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Mrs. George Fogle Sr. Waynesboro, Pa. 187-16-5734 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔀 NO [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE WHILE AT WORK Autapsy X 220. I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Assistant 5-23-86 MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 5/25/86 23c. NAME OF CEMETERY OR CREMATORY Burial Green Hill Cemetery Waynesbere Franklin Penna. 50 S. Broad St. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE Waynesboro. PA

THE SHE S. L. S. L hardless work an hardless-tiss Femma - Creating - Cre George V stone Pictor Control and all of the property and the property is a second of the property.

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DHMH - 16 50M 4/83

(VRA 15, 4)

## STATE OF MARYLAND

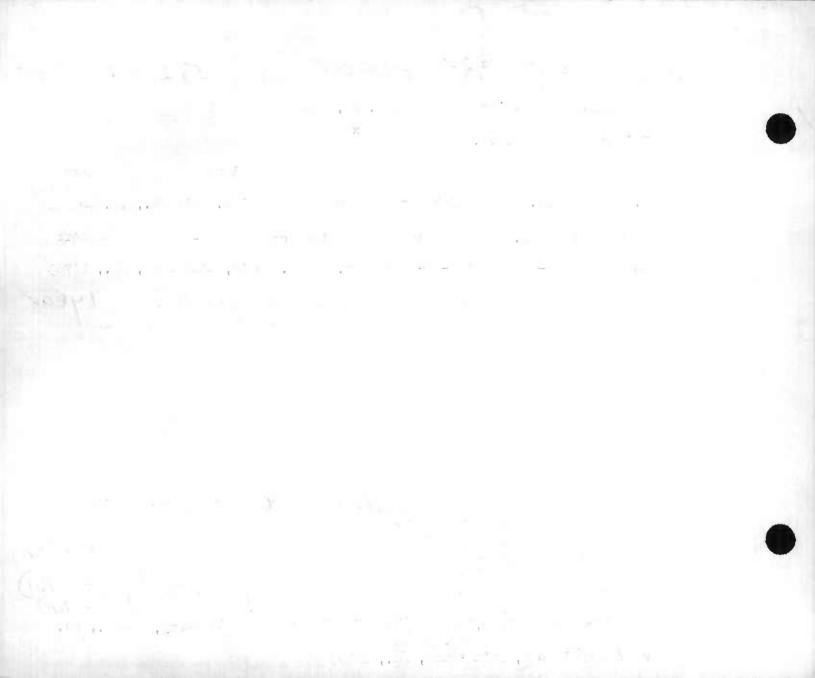
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. NO.	5 4	, 9 0
	ECEASED NAME PE OR PRINT)	Jay Be	ngamin	FO	FOCE	20. DATE OF DEATH MONTH	VEAR VEAR	3.40 A
3 5	EX	4 RACE		5 DATE		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	male	White		Aug		81 yrs.	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	•
	Maryland	U.S.A		WIDOWI		Washington		MD
10.	Lagoretown	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Clerk	LIFE) INDUSTRY	OF BUSINESS OR
Us	Hagerstown  UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	n Maryla			1=-1412		21783
130	Md. Was		Smiths bu		13d. INSIDE CITY LIMITS?	13 S. Main St.		
0	FATHER'S NAME		D.11.2. 011.0.00	- B	15. MOTHER'S MAIDEN NA		, F. O. D	0X 205
ľ	John	MIDDLE	LAST		FIRST	MIDDLE		AST
1140	WAS DECEASED EVER IN U.S.	B.	Fogle		Florence	ADDRESS	Day.	hoff
100		GIVE WAR OR DATES)	173-03-1			ogle, Smithsburg	MA .	21722
-					TIL. Jay w. I	ogie, pur cuspurg		21783
	18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	anly one cause per SED BY:	line for (g), (b), an	d (c ).)		a. str	BETWEEN	NONSET AND DEATH
	IMMEDI	ATE CAUSE (a)	adeno	Car	cinoma q	1100166		year
1		DUE TO, O	R AS A CONSEQUE	ENCE OF	0	1		)
	Canditians, if any, which	( (b)_						
	gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	FNCE OF				
ı	underlying cause last	(c)						
	PART 2. OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART I	ta
N O								
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FIND	INGS USED
Ĭ							TIFYING CAUSE	NO
CER	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF D	Z A I I	M. MONTH D	AY YEAR				
MEDICAL	21d INJURY OCCURRED	21e. PLACE		19	211 LOCATION			
A	WHILE NOT WHILE D	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (35 (this has	nital) attended th	is decensed from	21	121 10 8	5 /21	10 80	, that (X (we) last
	saw the deceased alive	on5/	2/ 19 (	1100	nd that in (my) XX) apinian	death occurred an the date and ha	our and from the	, ,
	obove, (I) (xex(did) xdxd	on view me body	after death.	P	DEGREE			E SIGNED!
	Pra S	To N	Valomo	,	ATTENDING	MEDICAL STAFF	1 5	121/86
1	224 PHYSICIAN'S NAME LIVE	E OR PRIDA	00000		PHYSICIAN [	DIRECTOR PHYSICIAN		7 1700
	I Locate	PD	alono		1570 1/2	s. Jani An H	reach	a- har
-	1 - Porcella	1		1445.00	1300 FENN	110	14613 10	~~
730	BURIAL, CREMATION, REMOVA		10 to		CEMETERY OR CREMATORY	MA LOCATION CHECK TOWN	V COUNTY X	114Q
1	resation	May23	TERRA DM	LUSD	urg Crematory	Smithabar	I for -1-	2. 3

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

Davis Funeral Home,

Smithsburg



STATE OF MARYLAND

VANUE Z Den 1, 1896 H (36 thuce meganifies 14.4.4 2 377 -0 debrid metanional deal of X moderaton compalate has yet Catherine Brown -\$16" . a 216-3635 Melen V. Foortz Moderatown, Mc. Rose Hall Cometery Eagerstown, Washington, 14. EM .SIL , MIDIR TO US I A.K. Coff Toneral Home, Inc.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

)	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND M		0 0	. NO.	1 5	4 7	8
-		CEASED NAME FIRST	OBENT		Frank			20 DATE OF DEATH	MONTH	₩ 30°		JR A M
	3. SEX	(	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS IAST	BIRTHDAY)	MONTHS DAY	AR IF UNDER	
		MALE		ASIAN	5	25	30	56	YRS			
		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	DE NEVER MA	ARRIED -	9. BALTIMORE CIT		Coun &		MD.
7	11	LY OR TOWN OF DEATH		HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OSA - EL	UTION	12a. USUAL OCCUP (TYPE OF WORK FOR MO			OF BUSINE	ESS OR
4	130 S	TATE 13b. COUL	NTY	GIVE RESIDENCE BEFORE	N		NO 🗌	13e.STREET ADDRES	4 .		21740	2
	14 FA	Ther'S NAME FIRST Thomas	MIDDLE	Moore,	Jr.		MAIDEN NAM BYL D <b>raine</b>	WIDDL		Dav	iast is	
	160 W	AS DECEASED EVER IN U.S. AF		16b SOCIAL SECU		17 INFORMAN			DRESS			
		res (XXXX Kore	an	212-24	-5411	PE3	wife	Mrs. Bett	у Моо			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per ED BY: TE CAUSE (a)	0		es tive	heart	Failure			OXIMATE INTELLER ONSET AND	PVAL DEATH
124	**	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	) (b)	R AS A CONSEQUE	op on a	ry arte	y dis	18018				
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO !	<u>DEATH</u> BUT	NOT RELATED T	O THE TERMI	INAL DISEASE OR CO	) NOITIDNO	GIVEN IN PART	leo	
2	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CER	YES, WERE FINI RTIFYING CAUS YES		TH?
		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJ	JRY OCCURR	RED (ENTER NATURE OF I	NJURY IN ITEM I	18 PART I OR PART 2	1	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	1	CITY O	RTOWN	COUNTY	S	STATE
		220 I certify that (I) (this hosp sow the deceased alive ar above, (I) (we) (did) (did no	- 51	27 196 19	, or		our) opinion d	death accurred on the				oted
_		226. SIGNATURE	B. A	Lynnel			TENDING HYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [		128/86	
		Thomas (	3. Hau	wood n	10		E. Fin	£.St.	Hayen	s Lown	md.	21740
		URIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CE	EMATORY	23d LOCATION	-			
	13	burial	May 30	, 1986 Ro	se Hi	11 Cemen	tery	Hagerst	own,	Wash.,	Maryl	and

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR: After this certificate has been

(VRA 15, 4)

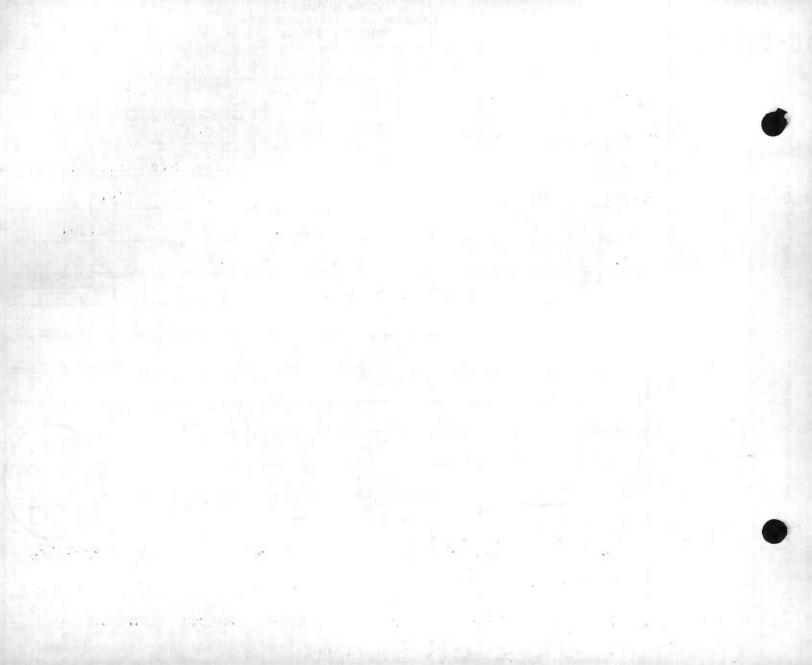
24 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

25a DATE REC'D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE

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N S S S	E E S		death resulted fra		al causes .		vicide 🔽		Undetermined r		io in my opini	1011	
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	1,	FOR			E OF MARYLAND HEALTH AND MENTAL HY	GIENE	1 5 3	0 0
1-00314	L	- STATE REGISTRAR			FICATE OF DEATH	S O REG. NO	1 5 3	
) 00017		DECEASED NAME FIRST		MIDDLE	LAST	20 DATE OF DEATH		2b. HOUR
age death	L	LUCII		NSON FULTO	V	May 29, 198	86	8:25P M
ar, po		SEX	4 RACE	MONT	OF BIRTH H _ DAY _ YEAR	6 AGE (IN YEARS LAST BIRTHI	MONTHS DAYS	
age age	- Inne	emale	White		. 11,°1896 <sup>EAR</sup>	89	YRS.	
death P	W	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A	widow		Washington	COUNTY OF DEATH	MD.
Softer of the filled with		CITY OR TOWN OF DEATH	Rt# 1	HOSPITAL, NURSING HOME ( CHEACULTY, GIVE STREET ADDRESS) 21750	OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF President-	working Life) 12b. KIND ( NORKING LIFE) 112b. KI	of BUSINESS OR
ND 212	130	UAL RESIDENCE (IF NURSING HO STATE 136 C	me or other institution OUNTY ashington	GIVE RESIDENCE BEFORE ADMISSION HIS CITY OR TOWN HANCOCK	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	21750	
MARYLAND 21201 ed within 24 hours mpletely filled in by and 2 should be fill exbarines must be fill	14	FATHER'S NAME Loudoun	MIDDLE	Ewers	15. MOTHER'S MAIDEN NA Lucinda	MIDDLE	Johns	on
IMORE, or execut	160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? S, GIVE WAR OR DATES)	220 46 9511	Lucinda Ann	Corkhill	Berwyn,Pa	a.
ECORDS, 301 W. PRESTON ST., BA  ow requires that the death certificat been signed by the attending physis mit. Then please remove carbonapaption to burnol, cremotion, or removal ony injury, or other traumatic event, it	CERTIFICATION	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION PLANT 2 OTHER 2 O	the (b) (b) (c) (c) (c) (c)	R AS A CONSEQUENCE OF  R AS A CONSEQUENCE OF  DITRIBUTING TO DEATH BUT				
IL REC	3 5	196. DATE OF OPERATION	198. CONDI	ITION FOR WHICH OPERATIO	IN WAS PERFORMED	200 AUTOPSY?  YES □ NO ▼	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	INGS USED S OF DEATH?
NG PHYSICIAN The low require ottending physicion. The this certificate has been sign as the boriol-transit permit. Then hand Amental Hygiene prior to borded or them 18 shows only injury and the procession of th	MEDICAL CER	OR CONTRIBUTION C CAUSE C	F DEATH HOUR A.I	M. MONTH DAY YEAR M. 19		RED (ENTER NATURE OF INJURY		
DIVISIO DING PHY or attending After this e as the bu	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NDING SI or o SR Afre Use os Health is mort		220.1 certify that (1) (this !		QZ	, 19 59		. 19_86	that (I) (wa) lost
PITAL OR ATTE by the hospite ERAL DIRECTO se detached for Stote Dept. of ANT: If them 21		saw the deceased alive above, (1) (www) (did h) did	vae TII		nd that in (my) (****) apinian  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE	
TO HOSPITAL retoined by the TO FUNERAL should be deter with the Stote IMPORTANT: I				I,M.D.,P.A.	Two Tonolowa	y Hancock,	Maryland 2	21750
	230	BURIAL, CREMATION, REMO	25		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	6/2/86	Hancock	Presbyterian		Washington	Md.
DHMH - 16 60M 7/73 (VR A 15 (4))	19	NAME NAME	Maria	ADDRESS SALVAGOS T	MAN BURN	E REC'D. BY REGISTRAR 25	B. REGISTRAR'S SIGNAT	TURE



Mare Described to the property of the property	5.8	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE Ó REG. NO	15501
Male White Feb. 26, 1913 73 73 78      ABRIPHACE   STATE OF A COUNTRY   ABRIPHACE   STATE OF A COUN	poge 3 C	(TYPE	EUGEN		00	ls	GEYER	Office Street	5-14-866:501
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Hagerstown  Hagers	funeral dire	1	COUNTRY)			8 MARRIE	D XX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
18. STATE   Md.   18. CQUNITY   Magerstown   13d. NSIDE CITY LIMITS?   13d. STREET ADDRESS, ZIP COOK   315. WOODEN COOK   315	799	1	Hagerstown	Wash	ington Co	unty		LIYPE OF WORK FOR MOST O	E WORKING LIEE) INDUSTRY
Jacob Tra Geyer Missine in Missin	35	13a. S	Md. 136. CO	UNTY	13c CITY OR TOW	N	YES NO	315 Wood	zip code naven Dr. 21740
The state of the	16	14. F/	_ FIRST_			r			Mills
PART I: DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse io.s. storing the underlying couse lost  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS GOVERNED  19	medicol		YES NO OR UNKNOWN) (IF YES. C		The second secon		PROPERTY AND ADDRESS OF THE		
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d I LOCATION  STREET  CITY OR TOWN  COUNTY  STATE  22d I certify that (I) (the hospital) attended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the deceased from 19  22d I certify that (I) (the hospital) ottended the	prior to bu	ICATION	PART 2 OTHER SIGNIFICANT	(c)	CONTRIBUTING TO D	DEATH BUT			206 IF YES, WERE FINDINGS USED
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22a I certify that (I) (the hospital) attended the deceased from 1986, to 1986, to 1986, that (I) (weekloss on 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (we trans) (tild not in 1986, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated above. B (aux) (	rked or th	MEDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY	B113.		CITY OR TO	NN COUNTY STATE
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	tote Dept		aren O	260	y otter dediti.	,	ATTENDING PHYSICIAN		
				May 1	a sunce			23d LOCATION CITY OR TOWN Smiths bu:	rg, Wash, Md.
(SPECIFY) Cremation May 15, 1986 Smithsburg Crematory Smithsburg, Wash, Md.	6 60M 7/84	24. FI	uneral director Davis Funeral	Home	RAG	45,900			256, REGISTRAR'S SIGNATURE

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s office	E	emale	White	Aug. 30. 1906	79	YRS DAYS HOURS
nerol dire	70 BIF	RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF	COUNTY OF DEATH
by the fulled with		agerstown		PRING HOME OR OTHER INSTITUTION STREET ADDRESS) County Hospital	12a USUAŁ OCCUPATION INTERPRETATION OF WORK FOR MOST OF Housewif	WORKING LIFE) INDUSTRY
filled in suld b	13a. S		13c. CITY OR	BEFORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS? PES NO	130 STREET ADDRESS / 47 Manor	ZIP CODE 21740 Drive
and 2 s	14 FA	THER'S NAME FIRST Robert	MIDDLE LAST		E .	Werbaugh
Poges medical	(1)	AS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SECURITY NO. 17 INFORMANT 9-3655 Earl L. GI		roadway rstown Maruka
to of the	-	Conditions, if ony, which	(b)	ours fullers		
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### LEGA MYRTLE CROVE CHEE

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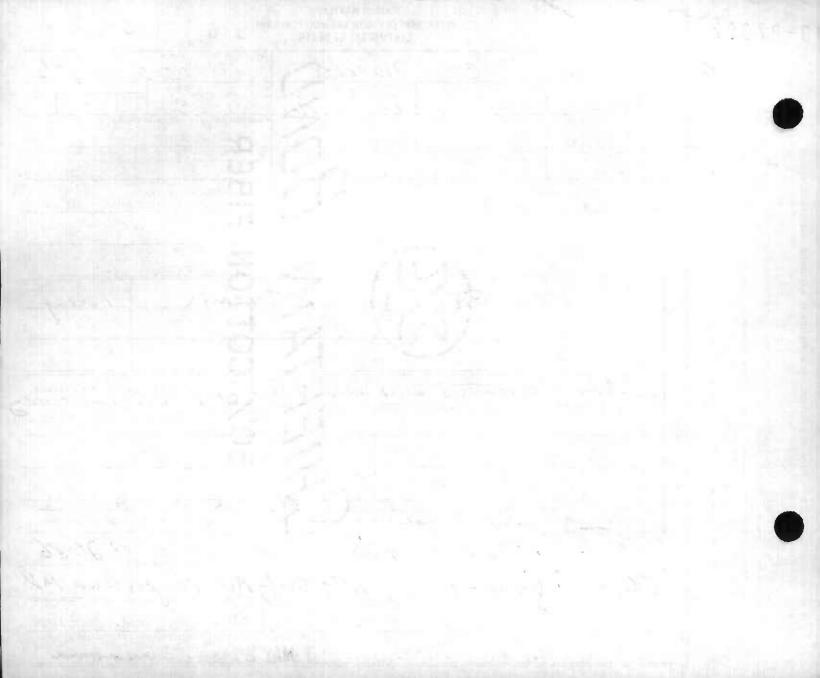
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	1	5	5	Û	
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	14 F/	THER'S NAME		MIDDLE	LAS	T		15 MOTHER'S MAIDEN NA	ME	WIDDIE		LAST		74	
pa de	X /8 ()		George			Hamm	ond		Elsie			Example 1			
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OR A	Dept.		22b. SIGNATURE	C	ı			D	EGREE		11 11 11	2	21, DATE S	IGNED	
	ate D		Della	4	unlos	Jun		7	ATTENDING PHYSICIAN	MEDICAL	STAFF  PHYSICIAN		5/17	186	
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Die 51	3 ≥ 7	23a. E	URIAL, CREMATION,	REMOVAL	23h DATE	1	23c N/	AME OF CE	METERY OR CREMATORY	23d. LOCA					=
BP			urial		May 15			st Ha	ven Cemetery	Hage	rstown,	Wash.	, Ma	rylane	d
DHMH - 16	60M 7/R4	24 FI	INERAL DIRECTOR	IINNIC	CH FUNER	AL HOM	E	12.0	25a DAI	E RECID. BY R	EGISTRAR 256. I				
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noy be	Ter deoth	(TYPE		rlla		rad	/	,	ris		DATE OF DEATH	05		61	HOUR 149 AM
Poge 4 mg	rector. p	3. SE	Male		4. RACE whit		1	ATE OF BIRT	DAY YEAR 7, 192		GE (IN YEARS LAS	55 YRS.	MONTHS D.		UNDER 24 HRS DURS MIN.
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by the fu	by the fulled with	Н	TY OR TOWN OF DEA		Washi	ngton (	STREET ADDRES	y Hosp	er institution ital		USUAL OCCUP PE OF WORK FOR MC		LIFE) INDUST	TRY	n Corp.
<b>AND 2120</b>	filled in ould be	13a. S Ma	AL RESIDENCE (# NURS STATE ryland	13b. COUN		13c CITY OR		13d. In	ISIDE CITY LIMIT	TS? 13e.	STREET ADDRES	ss / zıp con ummit /	DE		21740
MARYL,	ompletely and 2 st		THER'S NAME FIRST Henry		NIDDLE Liam	LAS Ha	arris	15. M	OTHER'S MAIDEN Lelia		WIDDL	Ε	W	isne	r
TIMORE, be execut	S. Poges		VAS DECEASED EVER VES NO OR UNKNOWN) YES	(IF YES, GIVE	MED FORCES? E WAR OR DATES)  II	011-1			Joseph	Harr	is, Hage	DRESS erstown	n, Md.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours	igned by the offending phy en please remove carbonop buriol, cremotion, or remov ury, or other troumotic event	z	Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which nediate g the lost.	DUE TO, O  (c)	R AS A CONS	SEQUENCE	OF BUT NOT R	ELATED TO THE	TERMIN AL		ONDITION G		The .	INV-R
AL RECORE The low requion	te hos been si ssit permit. The grene prior to shows ony inju	MEDICAL CERTIFICATION	19a. DATE OF OPERAT	ION		ITION FOR W	HICH OPER			2	On AUTOPSY?	20b. IF YE	ES, WERE FIN	NDINGS ISES OF	USED -
N OF VIT	certifico irriol-tror entol Hy frem 18		210. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	Ρ.	м. мо <b>n</b> th м.	DAY Y	19	IOW INJURY OC	COURRED	(ENTER NATURE OF	INJURY IN ITEM TB	PART I OR PART	2)	
DIVISIO ING PHY	After this e os the bull ond M norked or	MED	21d. INJURY OCCURR	ILE	( AT HOME ST	OF INJURY REET, FACTORY, OI			OCATION STREET	9,	CITYO	RTOWN	COUNTY		STATE
ATTEND	· · · · ·		22a.1 certify that (1) sow the decease above, (1)	d alive on_	5-	117	106	ond that	in (my) <del>(ov-)</del> opi	inion death	occurred on the	edote and ho		the cous	
MAL OR	0 50 =		22d. PHYSICIÁN'S NA	AF LIVE OF	7 1 -	love	n.	1/2	ATTENDIN PHYSICIA DDRESS	NG DIF	EDICAL SECTOR PHY		3	26	-86
TO HOSE	TO FUNERAL D should be detoo with the State D iMPORTANT: If	22.	Charles	(4	Spence	cer		10	198Ke	uly	Ave .	Haye	ers To	au	ML
В		c:	URIAL, CREMATION, I SPECIFY) remation		May 2	1,1986			Cremato	ory	Smiths				yland
	H - 16 60M 7/84 (VRA 15, 4)		NERALDIRECTOMII			ADDR	n, Md.	2174		MAY	27 1986		TRAR'S SIGN		اعلاب



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

00-06202

completely filled in by the funeral director, page 3 is a qed 2 should be filed within 72 hours ofter death

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Š REG. NO.	i	5	5	0	Sec
REG. NO.					

		REGISTRAR				CERTIF	ICATE OF DEATH	O REC	3. NO.	2	
		CEASED NAME	FIRST	S	L.	142	ARSH	20. DATE OF DEAT	5-6	-86	26 HOUR 340 M
	3 SEX	Male		RACE White		Sep		6 AGE (IN YEARS LA		IF UNDER I YEAR	HOURS MIN.
1	-	THPLACE (STATE OR OUNTRY) TUNSWICK,		U. S		RY? 8.	D NEVER MARRIED	9 BALTIMORE CIT	_	OF DEATH	MD.
7		agerstown	ATH				OR OTHER INSTITUTION Hospital	12a USUAL OCCU	PATION STOR WORKING LIFE	12h KIND C	te School
)		L RESIDENCE (IF NUR TAIE aryland		Ington	Browns		134 INSIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE	217	115
1		THER'S NAME FIRST Achaicus	3	NIDDLE		rsh	15. MOTHER'S MAIDEN NA FIRST Nancy	MIDD	W.	Į.A.	Oakes
		(AS DECEASED EVER ES, NO OR UNKNOWN)		war or dates) W. Two		4-5698	Mrs. Marga		Brown:	sville,	21715 Md.
	rion		which mediate g the lost.	DUE TO, O		EQUENCE OF	yocardial				
5	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES S []	
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING					211 LOCATION STREET		ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)  CITY OR TOWN COUNTY S		
		22a.1 certify that (1 sow the decease above, (1) (we) (22b. SIGNATURE	(this hospite			19	nd that in (my) (our) opinion	, to, to			
		22d PHYSICIAN'S N	AME (Tyle OF	AHER	0, cm	)	22e ADDRESS	DIRECTOR PH		17/9 GERSTO	88 W. MD
		URIAL, CREMATION, SPECIFY) Burial	, REMOVAL	23b. DATE 5_9_			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	ville.	Wash	Co. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNETAL DIRECTOR: After this certificate has been signed by the ottending physician and catholide setsoched for use as the burial-transit permit. Then please remove carbonpapers. Pages with the first Dept of Health and Mental Hygiene prior to burial, cremation, at removal.

injury, or other traumatic

MPORTANT: If Hem 21 is morked or Hem 18 shaws

24 FUNERAL DIRECTOR
John H. Bast, Jr.

Boonsboro, Md. 21713 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE MAY 2 1. 1986 Julia Gundon Andres

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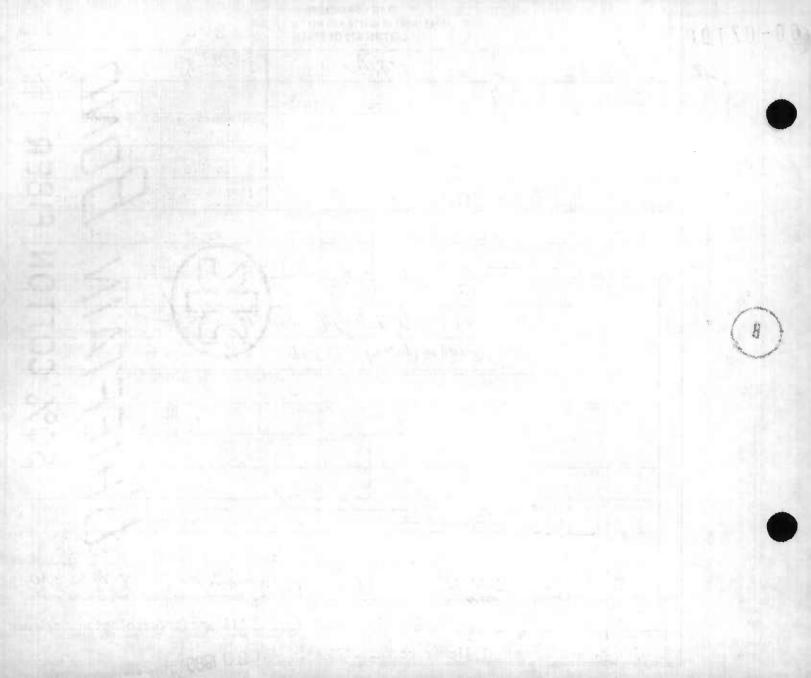
Yes I. N. Inc [21]-IL-E-F. J. Hen. Margaret Laren, Brommerlile, Ma.

els.

THAT THE USE OF

oursel 5-9- do aromaville demendry aromaville, lash. Co., L.L. John H. Basu, Ir. Boonsboro, S. 21713 1975 1975 1975

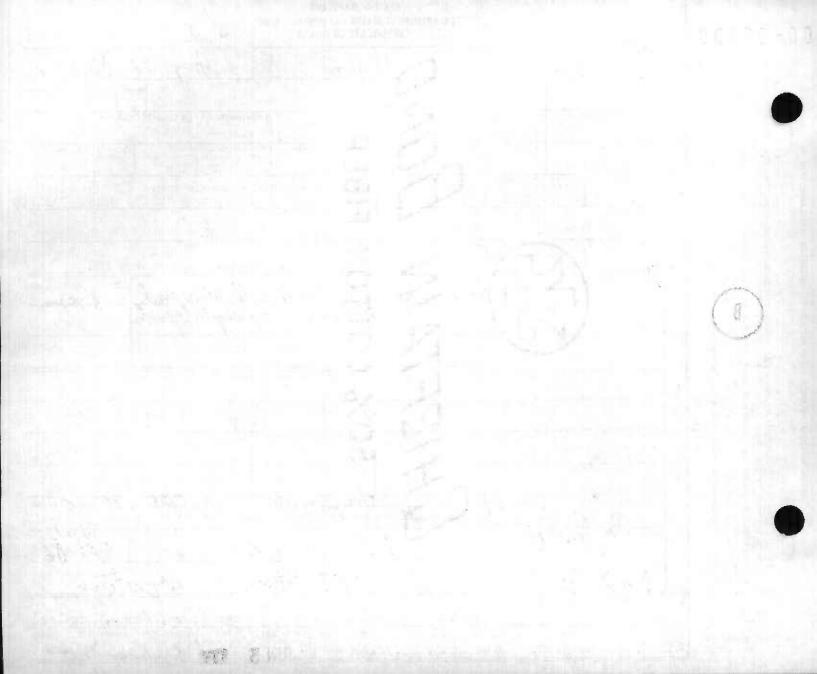
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BP	(SPECIFY)	rial			r CEMETERY OR CREA		LOCATION (CITY OR TOWN	tWashing	tonMary land



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME E. Wilson Blvd., Hagerstown, Md. 21740

Julia Daindres



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Penna. USA

ied. F. E. BRINER. H.D.

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J. Edger Bigolends

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Pa. Franklin Merceraburg - x 2 11 1. Lenknary St.

St. 15,1913 oring clamet

I 2-)2-1034 lanche H. Lawbarer Mercersburg. Fa

15c5 nowell Hd., hager avown, Md.

Herearsburg Franklin Pa.

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250 RAJE REC'D BY REGISTRAR 25% REGISTRAR'S SIGNATURE

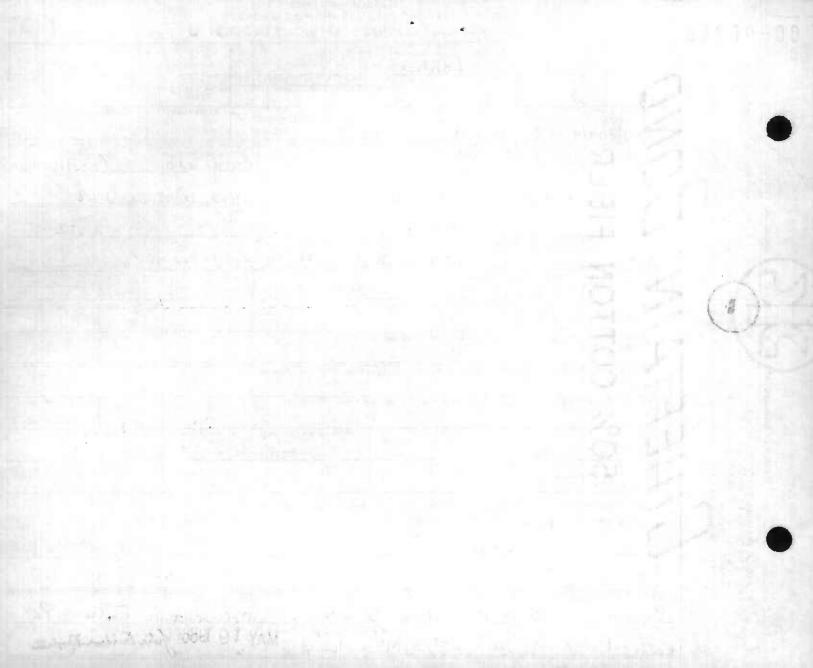
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	3 357	Male		MONTH	DAY YEAR			NIHS DAYS	HOURS MIN.	,,,,,,
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1	70.00	rvland	U.S.A.	MARRIE		Washing			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME C		120 USUAL OCCUPATE	NC	126. KIND O	F BUSINESS OR	-
1	Ha	gerstown	Washington	County	Hospital	State Hi-	m m	INDUSTRY Purch	aser	
-	USUA 13a S	AL RESIDENCE HE NURSING HOME OR			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		2	17/12	
)			ington Hager:		YES X NO	36 Broad		$\propto$ /	170	)
1	_		MIDDLE LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAS'		
		manuel S	MED FORCES? 166 SOCIAL SE		Emma 17 INFORMANT	S.	55	Mye	rs	_
1			E WAR OR DATES)		Martha Hot		as 1	3		
-		18 CAUSE OF DEATH (Enter on	0.1	and to	0 // 1) /		1	_	MATE INTERVAL ONSET AND DEATH	=
		PART I. DEATH WAS CAUSE	D BY:	Mora	idial diffo	retion . CA	ension	5W	mite	_
			DUE TO, OF AS A CONSEC	MENCE OF	1 1 11.	1/ 2	0.1	3	1	Ī
		Canditians, if any, which gave rise to immediate	( b) JUhacu	re J	useveloca loll	al (1/0 (Bro	Virl	220	tays_	
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEG	DUENCE OF	interction	/				
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONI	DITION GIVEN	LINI PAPI 1:0		=
	NO NO						JIIION OIVE			
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED	-
_	F					YES NO	YES		NO [	
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH 216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I OR PART 2)		
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		URIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	TAT TO	VINIO	STATE	
	24 FU	INERAL DIRECTOR		o toma c	wn Cemetery	E REC'D BY REGISTRAR		irgin		-

305 N. Dotomac St. Minnich Hagerstown, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME TO DATE KNOWN XXMONTH Zb. HOUR (TYPE OR PRINT) ESTI-Charles Hopkins DEATH MATED 10 1986 Lenher 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 2d HOUR DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED DEAD 1.0 19 86 9:307 30 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MIREIGN COUNTRY) Washington County WIDOWED DIVORCED Ennsylvania ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Clear Spring Area IndianSpringsRd North of Rt US40 Construction onstruction ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARKIN Mercersburg WARREN YES [ NO [ HATHER'S NAME MIDDLE MIDDLE otz Merril Hookins 160. WAS DECEASED EVER IN U.S. ARMED FORCES IAL SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES BEtty Hookins P.O. B. 2 McConnellsburg 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carbon Monoxide intoxication IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) Alcohol Intoxication 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXIX NO [ 21a. EXTERNAL CAUSE WAS 11h. TIME OF INJURY 2)c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3-4 XX 5/10 1486 found in auto/motor was running 214 INJURY OCCURRED THE PLACE OF INJURY CATHONE 21f LOCATION STREET, FACTORY, FARM, STE'S COUNTY County , MATE WHILE NOT WHILE roadway IndianSpringsRd, North of ClearSps. Washington Autopsy XXX at the remain described obove, held an 22s. I certify that Urbak Inspection Inquiry and in my opinion Accident XX death resulted from Suicides Homicide Undetermined manner TITLE (SPECIFY)
Chief ACTUAL DATE May 11, 1986 SAGNATURE MEDICAL EXAMINER EXAMINER'S NAME John F Smialek, M.D. 111PennStreet, Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ulton DURIA Meconnellsburg PA 250. DATE REC 24 FUNERAL DIRECTOR DHMH ST McConnellsburg (VR A15 ME (5))



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0 0	ESSERIE O O 4 3 O	(14)	REGISTRAR CEASED NAME PE OR PRINT)	Robe	Robert L	MIDDLE Lee	/H	untspenry J	Jr. 70. DATE KNOW OF ESTI	-	Z 1986 Z 38
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10		Ta. B	RTHPLACE (STATE OR DREIGN COUNTRY) Maryland		76. CITIZEN OF WI		8. MARR	HED XX NEVER MARRI		ington	TY OF DEATH
	PAGE S		Hagerstown		II. NAME OF HOSPITAL, NURSING HOME, OF ITE NOT IN SUCH FACILITY, GIVE STREET ADDRESS WASHINGTON COUNTY		y Hospital FOR MOST OF WORKING LIFE) Mechanic			OR INDUSTRY  Truck Co.	
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9	100000	14 F.	Robert		MIDDLE L.	Huntsberry	Sr.	15. MOTHER'S MAIDE	MIDDLE J.		Biser
	S AFTER DEAT GIVE PACES TITH FORM, PI PAGES 1 AND WISION O.N.		WAS DECEASED EVER (ES. NO. OR UNKNOWN) NO	(IF YES, GIVE V		214-90-86		Mr. Rober	at L. Huntsbe	erry Sr	Hag.Md.
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•	MEDICAL EXAMINER: ECUTE THE CERTIFICATI COE A SHOULD BE FOR FUNERAL DIRECTOR: FUNERAL DIRECTOR: AUTHORE, MARYLAND		death resulted from		al couses		icide A		Undetermined manner  MEDICAL EXAMINER	DATE SIGNI	E/2/88.
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALLIMO	22- 0	EXAMINER'S NAME (TYPE OR PRINT)		Mous	1734 NAME OF CE	D	ADDRESS 16 10	Ock HHI De	Haye	Jam mo
07/ 25N	84 BP	(	URIAL, CREMATION, SPECIFY) Buria UNERAL DIRECTOR	2	lay 6, 1986			Cemetery	23d LOCATION CITY OF TOWN SMITHS DUT	g, Wash,	Md.
	DHMH - 17 (VR A15 ME (5))		NAME Davis	Funer		Smithsburg	, Md	MAY	12 gul	ia devidos	n-Aundall

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 O REG. NO.	15	ć	1	6
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	1 -	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	IENE 8 O REG. N		5 5	5 1 2
		CEASED NAME	FIRST		MODLE	Tack	ison Sr.	20. DATE OF DEATH	MONTH D	3 - 80	9 20 AM
	3 SE	X	_	I. RACE	, ,	5 DATE C	OF BIRTH	6. AGE TINYEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	/1	Male		Negre		Auqu	st 8, 1913	72	YRS.	ONTHS DAYS	HOURS MIN.
4	lo. BI	RTHPLACE (STATE OF F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	В	D NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
2		Maryland	1	USA		WIDOW	DIVORCED	Washingt			MD.
9		agerstown	TH	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET / NOTON COU	ADDRESS)	ospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Carman			road
5	130 S	ALRESIDENCE (IF NURSI	139 CONN.	THER INSTITUTION		ADMISSION)		13. STREET ADDRESS 615 East		reet /	21716
71	_	ATHER'S NAME		IODLE	LAST	0,1	15. MOTHER'S MAIDEN NAM	ΛE			
O	1	Lemuel	Lee		Jackson		Clara	Louis		Rank	
9		VAS DECEASED EVER		VAR OR OATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ss 617	E. "D"	St.
last!		No			213-03-2	234	Betty Campbe	11 - Brunsw	ick, M		MATE INTERVAL
		18 CAUSE OF DEATH W.  Conditions, if any, gove rise to imm couse (a), stating underlying couse	which mediate g the	DUE TO, OI	RAS A CONSEQUE ENIJ	NCE OF	ARDIAC ARK	REST.			
	NO	PART 2 OTHER SIGN LIVE FAI	HIFICANT CO	ONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVE	N IN PART 110	,
	CERTIFICATION	190 DATE OF OPERAT	1010	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	GS USED OF DEATH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	21b. TIME O HOUR A./	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
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1		226 SIGNATURE	0					MEDICAL STA DIRECTOR PHYSIC		22¢ DATE S	IGNED
		ELL'	1021	þ			UNSHING TO		174	Hosr	ITALL
	1	BURIAL, CREMATION, I SPECIFY) BURIAL	REMOVAL	23b. DATE 5/26/8	C-14 (C) C)		emetery or Crematory ren Mem. Gar.	23d LOCATION CITY OF TOWN Fredefi	.ck, Fr	county ederic	k, Md.
	24 FU	UNERAL DIRECTOR			AODRESS	7714	25a. DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	
	Jol	hn T. Will	iams F	Suneral		nswic	k. Md. MA	Y 2 8 1986	Julia Da	Widson-Ot	andell-

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FOR STATE REGISTRAR

# STATE OF MARYLAND

EPA	RTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CEI	RTI	FICATE	OF	DEATH	

3	6	1	5	
	REG. NO.			

REGISTRAR				REG. NO.					
TYPE OR BOIL TO			VES	May 18, 1986	DAY YEAR	7:00A			
Female	4 RACE White	5. DATE C	ril 18, 1920	6. AGE (IN YEARS LAST BIRTHDAY)  66  YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.			
Page Co. Va.	7b. CITIZEN OF V	WHAT COUNTRY? 8 MARRIEN WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY Washington	ITY OF DEATH	MD			
Rohrersville	P. O.	HOSPITAL, NURSING HOME C HEACILITY GIVE STREET ADDRESS)	DR OTHER INSTITUTION	12g. USUAL OCCUPATION (TYPE HOUSEWITE WORKING	S LIFE) 12b. KIND C	n Home			
			138 INSIDE CITY LIMITS?	P. O. Box 34	DDE 217	79			
Keller	Casper	Burker	15. MOTHER'S MAIDEN NAME OF THE MARY	MIDD Susan	LAS				
NO S NO OR UNKNOWN) (IF	U.S. ARMED FORCES? FYES. GIVE WAR OR DATES)	213-16-1934	Mr. David S	hoemaker, Boons	3 Box 24 boro, Md	3 • 21713			
	cant conditions co	R AS A CONSEQUENCE OF NY SALE BUT LUSCONTRIBUTING TO DEATH BUT TION FOR WHICH OPERATION	NOT RELATED TO THE TERM		GIVEN IN PART 1: YES, WERE FINDIR RTIFYING CAUSES	NGS USED			
OR CONTRACTOR CANC	E OF DEATH HOUR A.	M. MONTH DAY YEAR	21c HOW INJURY OCCUR	YES [] 1B PART   OR PART 2)	NO []				
(IF EITHER NOTIFY MEDICALE  21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
220.1 certify that (1) (this saw the deceased on obove, (1) (we) (did). 22b. SIGNATURE	22a. I certify that (1) (this hospital) attended the deceased from								
Manzar J.  230. BURIAL, CREMATION, REM  BUFFIAL		01	Hager EMETERY OR CREMATORY Oro Cemetery	23d LOCATION BOOMSBORO,	21740 Wash: Co				
John H. Bast	, Jr. Boo	onsboro, Md.		AY 22 1986		URE			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached for use with the State Dept. of Hea

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## STATE OF MARYLAND

#### DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

8 6 REG. NO.	-	5	i	1	ď.
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SEX	1 4
Male    Marker	2.07Am
March 29, 1909   77   785   78   8RTHPACE   13RT OBDITION OF WHAT COUNTRY   18   18   18   18   18   18   18   1	NDER 24 HRS
MARRIED & INVERT MARRIED   Washington   Wash	
I. CITY OR TOWN OF DEATH   II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   IZE USUAL OCCUPATION   IZE KIND OF BUS   IZE CONTINUED	
Hagerstown   Washington County Hospital   Foreman   Fo	MD.
Use STATE   Institution of other ensity of o	
If PATHER'S NAME	U CS
APTITUTE E. KENDALL MAUDE  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  161 CAUSE OF DEATH (Enter only one course per line for 101, (b), and (c)  162 WAS DECEASED EVER IN U.S. ARMED FORCES?  163 CAUSE OF DEATH (Enter only one course per line for 101, (b), and (c)  164 CAUSE OF DEATH (Enter only one course per line for 101, (b), and (c)  165 WAS DECEASED EVER IN U.S. ARMED FORCES?  166 WAS DECEASED EVER IN U.S. ARMED FORCES?  167 WAS DECEASED EVER IN U.S. ARMED FORCES?  168 WES DECEASED EVER IN U.S. ARMED FORCES?  169 WAS DECEASED EVER IN U.S. ARMED FORCES?  160 WAS DECEASED EVER IN U.S. ARMED FORCES.  160 WAS DECEASED.  161 WAS DECEASED.  162 WAS DECEASED.  163 WAS DECEASED.  164 WAS DECEASED.  165 WAS DECEASED.  165 WAS DECEASED.  165 WAS DECEASED.  165 WAS DECEASED.  166 WAS DECEASED.  166 WAS DECEASED.  167 WAS DECEASED.  167 WAS DECEASED.  168 WAS DECEASED.  16	
SCAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO).  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER.SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  PART 2. OTHER.SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  PART 2. OTHER.SIGNIFICANT CONDITION FOR WHICH OPERATION WAS(BERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DIVERS ON CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBU	
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196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS BERFORMED   206. AUTOPSY?   206. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF DEATH OR CONTRIBUTING   CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (FETTHER NOTIFY MEDICAL EXAMINER)   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)   216. INJURY OCCURRED   216. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.)   217. LOCATION   STREET   CITY OR TOWN   19   19   19   19   19   19   19   1	100
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM ETC)  22e. I certify that (1) (this haspital) attended the deceased from (May, 19 / 980, 19 /	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM ETC)  22e. I certify that (1) (this haspital) attended the deceased from (May, 19 / 980, 19 /	
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)  220. I certify that (1) (this haspital) attended the deceased from (1) (and the deceased dive an object) (1) (we) (did) (did natiview the body after death.)  220. I certify that (1) (this haspital) attended the deceased from (1) (and the deceased dive an object) (1) (we) (did) (did natiview the body after death.)  220. I certify that (1) (this haspital) attended the deceased from (1) (and the death occurred and the date and hour and from the cause object) (1) (we) (did) (did natiview the body after death.)  220. I certify that (1) (this haspital) attended the deceased from (1) (arr) apinion death occurred an the date and hour and from the cause object) (1) (we) (did) (did natiview the body after death.)  220. I certify that (1) (this haspital) attended the deceased from (1) (arr) apinion death occurred an the date and hour and from the cause object) (1) (we) (did) (did natiview the body after death.)  220. I certify that (1) (this haspital) attended the deceased from (1) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and from the cause object) (arr) apinion death occurred an the date and hour and f	DEATH?
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PHYSICIAN DIRECTOR PHYSICIAN DIR	1ED
GCORIA T- FURA 339 E. Infretam St - Ha	
236 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	gerson
(SPECIFICIAL May 1/1 1004 Smithsburg Cemetery Smithsburg, Wash. Md.	STATE
May14,1986 Smithsburg Cemetery Smithsburg, Wash., Md.	100
Davis Funeral Home, Smithsburg, Md., 21783	

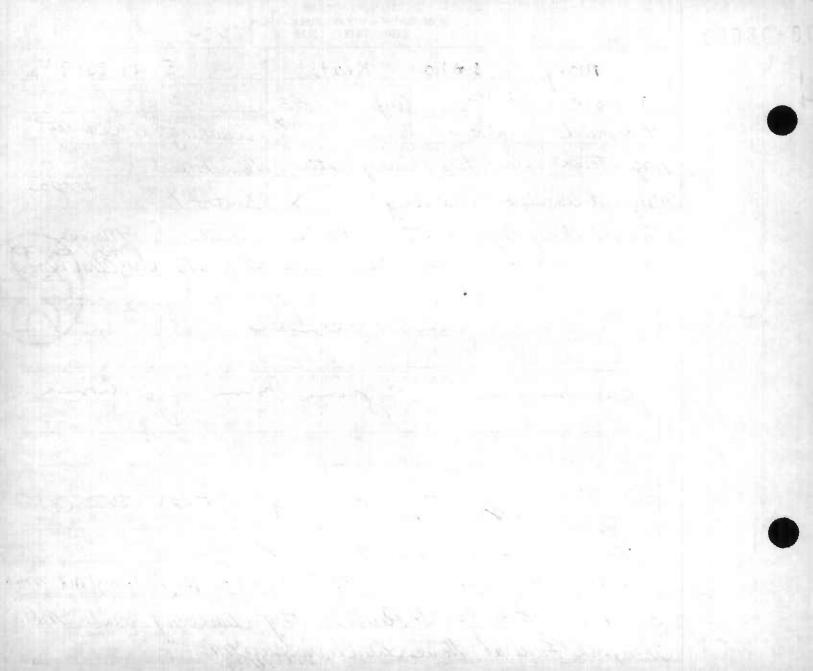
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TO FUNERAL DIRECTOR

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				STATE OF MARYLAND		
	1	FOR STATE	DEPARTN	ENT OF HEALTH AND MENTAL HY	GIENE	15 1 5
08603	, ,	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	, , , , ,
- 0 0 0		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3	(TYPE	Mary	Lelia	Kratz	5	27 86 9:35
3401	3. SE.		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		Egna-10	white	MONTH DAY YEAR	0 -	MONTHS DAYS HOURS MIN.
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<b>*</b>	ø	lagerstown (	occore buch fr	ursing Center	LOUSERLE PLU	G LIFE) INDUSTRY
35	USU.	AL RESIDENCE (IF NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE BEFORE Y 13c. CITY OR TOW	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	ODE 21722
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の自人	14. FZ	THER'S NAME	DOLE LAST	15. MOTHER'S MAIDEN NA	WIODLE	LAST
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edicol	16a V	VAS DECEASED EVER IN U.S. ADV	ED FORGES? 166 SOCIAL SEGRE	RITY NO. 17 INFORMANT	ADDRESS	O R. / BOXS
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other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
0			( (c)			
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1 15	2	Rueum	mi,	regame ()	run by	more
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mor		220 1 certify that (1) (this haspite	all attended the deceased from	3-5- 10 74	1 . 27	. 1986, tha (1) (we) lost
.5		saw the deceased alive on	4.93. 1 19 8	C and that in (my) (our) opinion	death occurred an the date and	
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TA		PICPHYSICIAN'S NAME HITE		*** ADDRESS	4	ſ / /
IMPORTANT		Charles C	Spencer	1198 Kenla	, hoe Hagei	-stewn md 2174
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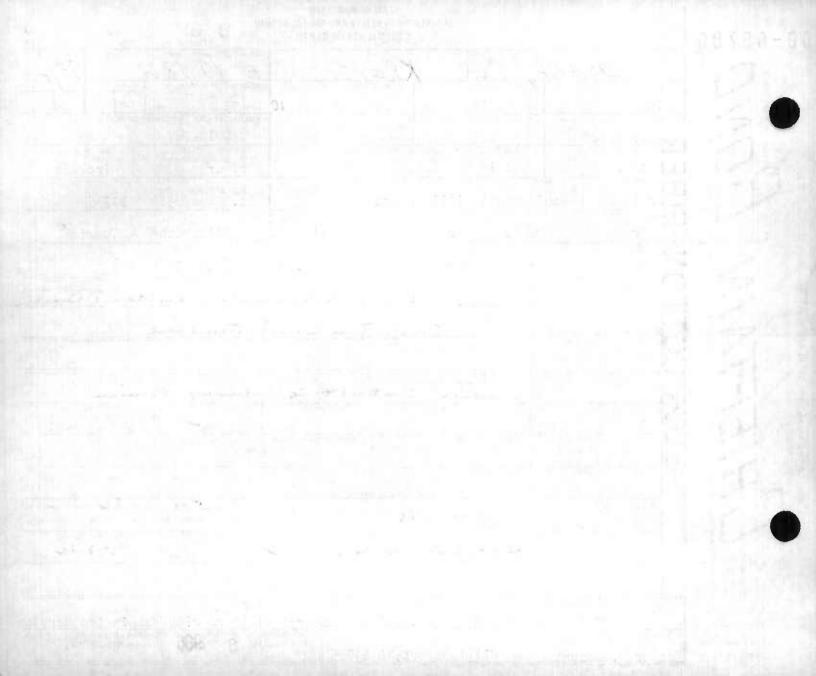


Williamsport, MD 21795

(VRA 15, 4)

Major M. Osborne

STATE OF MARYLAND



Minnich Hagerstown, Maryland

(VRA 15, 4)

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ortely 2 sh		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
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P . 50 . 9		18 CAUSE OF DEATH (Enter on	ily one cause per line for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO HOSI	22	DK. HOOLL	Warreld	1610 OAK	123d LOCATION	ve. Hagerstown, MI
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY
BP	24 F	Burial UNERAL DIRECTOR		Rest Haven Cemet	ENV Hager:	stown Wash Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME		tomac St. NAY	1 2 1986, Ju	25b. REGISTRAR'S SIGNATURE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE HALSTE LEONA 1 - STATE CERTIFICATE OF DEATH REGISTRAR MARSHALL REG. NO 20 DATE OF DEATH L'DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) LEONA 7:50 . AGE (IN YEARS LAST BATHDAY) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Female White 1902 Sept. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia U.S.A. Washington County WIDOWED DIVORCED F 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Housewife Hagerstown Washington County Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21740 Washington 13e.STREET ADDRESS / ZIP CODE Maryland 13c. CITY OR TOWN 114 INSIDE CITY HMITS? 273 Memorial Blvd. East Hagerstown YESX NO [ 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME David William Rife Barbara Idella Bryant ADD 273 Memorial Blvd. E 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-44-1871 David W. Marshall Hagerstown, Md. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for rat, 16% and rat PART I. DEATH WAS CAUSED BY 11441 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Recent my peardial intarcti Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO Disease 90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO [ 710 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION CITY OR LOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased fram. .19.26 , and that in (my) (early opinion death accurred on the date and hour and from the causes stoted saw the deceased alive an\_ abave, (1) (welland) (did not) view the bady after death The SECHTATION DEGREE 271 DATE SIGNED ATTENDING MEDICAL PHYSICIAN THECTOR PHYSICIAN 724 PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS TIL NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 CATE 5-29-86 Burial Rose Hill Cemetery Hagerstown, Washington, Md 24 FUNERAL DIRECTOR Hagerstown . Md. Win Trindran Andelle DHMH - 16 60M 7/84 Home, Inc. (VRA 15, 4) A.K. Coffman Funeral

STATE OF MARYLAND

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,		RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS ON STREET,	3. SE.	1 V	5. DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	ARS IF UNDER 1 YR. IF UND	ER 24 HRS 2c. DATE PRONOUNC	ED MONTH	DAY YEAR 2d	HOUR
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	RE, A	1X		Albert	WIDDIE	Hose	Ald		DIE	Myers	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	(ABES)		VAS DECEASED EVER IN U.S., AR ES. NO, ODINKNOWN) (15 YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURIT	Y NO. 17. INFORMANT	1 kgm 1	ADDRESS	lagers la	ru.
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	IST.,	FM 18 ONG ERMIT FENE, FAL		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	D BY:	ar (a)-(b), and (c).)	00 6 60		903	APPROXIMATE INTE	DEATH
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	D <sub>V</sub>	E, WRITH RWARDE PAGE 3 STATE DE 3, 21201 P	E	WHILE AT WORK AT WORK	STREET, FACTO	PY, FARM, ETC.)	1560 RM	160/100	Harbin	Uxd w	STATE
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#### STATE OF MARYLAND 00-0585 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR Louise (TYPE OR PRINT) Sarah Martin May 1, 1986 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR female white May 5, 1899 86 a. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Maryland USA WIDOWED A DIVORCED [ Washington 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Hagerstown Washington County Hospital cafeteria school USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Washington Maugansville Maugans Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Franklin Criswell Baker Emma Frances Hovermale 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-24-9764 M. Frances Diffendal, Hagerstown, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse perline for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. EVENE ELECTROLYTE DUE TO, OR ASTA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the INFARCTION. underlying couse lost NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [ 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION TAT HOME, STREET, FACTORY, OFFICE, FARM, ETC CITY OF TOWN COLUMN STATE WHILE NOT WHILE the deceased from 220.1 certify that (I) (this hospital) attend and that in (my) (our) opinion death accurred on the date and hour and from the causes stated disdid Agh) view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [ 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial May 5, 1986 Fairview Cemetery Keedysville, Wash., Maryland 24 FUNERAL DIRECTOMINNICH FUNERAL HOMERESS.

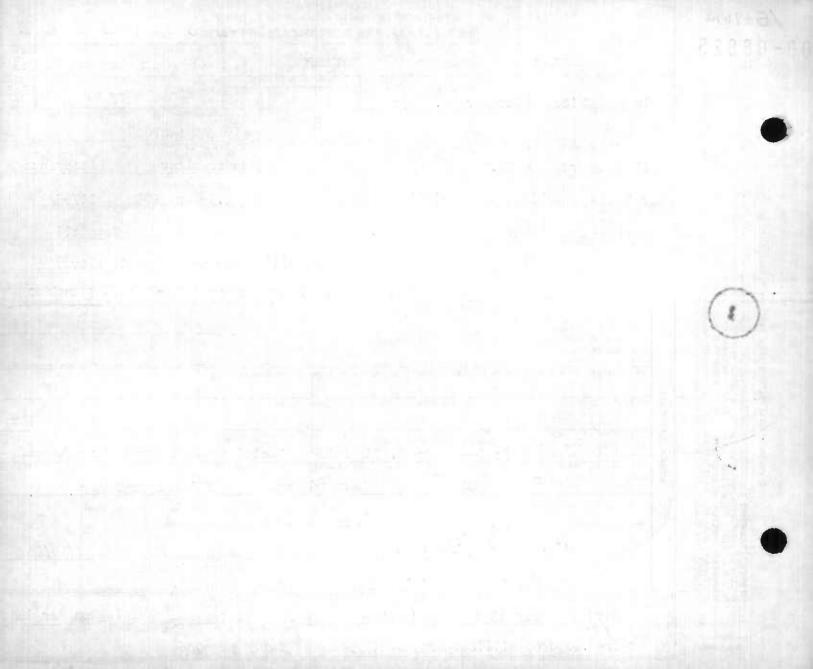
DHMH - 16 60M 7/B4 (VRA 15, 4)

415 E. Wilson Blvd., Hagerstown, Md. 21740

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Q REGISTRAR DECEASED NAME 30<sup>A</sup> (TYPE OR PRINT) WALLACE HOWARD **MATHENY** 9, 10 86 DEATH MATED X May 3. SEX 4 RACE 6 AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 86 DEAD White Male October TE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Virginia WIDOWED DIVORCED WASHINGTON ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Underwriter Williamsport Box# 285 Insurance 13a STATE 13b COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Washington Williamsport Rt.1 Box# 285 21795 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Wallace Matheny, Sr. Howard Belle Campbell Mary 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Item 13 above) 223-16-6091 Priscilla Matheny WW11 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). sudden IMMEDIATE CAUSE (a) Self-inflicted gunshot wound through head E-955 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE CHEST SHOULD BE UPPARTMENT CHEST PRIOR TO BUR YES -NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) UNDERLYING DOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 9:00 +.M. May 9, 86 Self-inflicted gunshot wound through head 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM FIC 1 STREET AT WORK AT WORK Dam #4 Road Williamsport, Wash. Home EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AFIER DEATH, WITH THE ST, BALTIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X O Suicide X death resulted from: Natural causes Accident Homicide Undetermined monner TITLE (SPECIFY) 5/10/86 DEPUTY 580 Northern Avenue EXAMINER'S NAME Howard N. Weeks, M.D. Hagerstown, Md. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION May 13,1986 Smithsburg Cemetery | Smithsburg Burial Smithsburg Washing Washington Maryland 07/84 24 FUNERAL DIRECTOR Major M.Osborne Williamsport,MD 21795 **DHMH - 17** MAY 1 6 1986 (VR A15 ME (5)) Helis Davidson



	STATE OF MARYLAND
07656	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  S SREG, NO. 1 5 5 2 3
6.4	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
deort pe	Mary E 11/ETZ 11/ay 19 1986 6 PM
or, po	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHD 47) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
rects of the same	Female White Oct. 13 1920 65 YRS.
heroth. Po	70. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   Washington ME
offer o	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
24 hours	USUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS 100 Van Lear Drive 1793
YLA	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME
NAR BOLD	Eston Funk Fox Ethel Josephine Snyder
RE, RE, Cord d cord es 1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Hagger tour
Pog Pog	NO   IF YES, GIVE WAR OR DATES    214-09-6818   Gary E. Fox 2404 Woodland Dr.
RECORDS, 201 W. PRESTON  low requires that the death of ss been frequently over cor- entition and correction, or ss gary in the correction, or	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Item
TAL RECO	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 100 NO 10
DIVISION OF VITA  ING PHYSICIAN: TI offending physician offending	OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  19  214 IN JURY OF CURRED  216 PLACE OF IN JURY  217 LOCATION
DIVISIC or after this e as the balth and a	WHILE NOT WHILE   STREET, FACTORY, OFFICE, FARM. ETC   STREET CITY OR TOWN COUNTY STATE
TTENDI pital or TOR: A for use of Heal	22a. I certify that (I) this hospital attended the deceased from 2/4, 19/86, to 5/19, 19/86, that (I) we los use the deceased alive an 5/19, 19/86, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above. (I) (we) Gid (did not) view the body after death.
SPITAL OR A J by the hos NERAL DIREC be detoched e Store Dept.	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   226. DATE SIGNED
TO HOSPIT. retoined by TO FUNER, should be d with the Sta	JOHN R. MELNICK Gaithersburg, MD Nach 20877
5 € 5 € ½ ₹	86. BURIAL, CREMATION, REMOVAL 236 DATE 234. NAME OF CEMETERY OF CREMATORY 236. LOCATION
BP	Cremation 5-20-86   Smithsburg Crematory Smithsburg Wash, Md.
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR 305 N. POTOMAC ST. 250 DATE REC D. BY REGISTRAR'S SIGNATURE
0/1041 - 10 50M 4/82	Gerald N Minnich Hagers from Mary and MAY 26 1986; Julie Davidson-Andere

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#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH I DECEASED NAME 26 HOUR (TYPE OR PRINT) 525 LICK nortimore laud 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF LINDER 2 1 MPS MONTH YEAR BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? a BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WASHINGTON WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINE INDUSTRY Hagerstown pastal worker 1057 USUAL REGIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE RITY LIMITS? 13e.STREET ADDRESS / ZIP CODE OONSBORD 104 McClellan YES NO T 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FRANCES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) Bonnie APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY-Coelica IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE underlying cause last. TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (aux) opinion death occurred an the date and hour and Iram the causes stated obove, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE DEGREE 22c. DAJE SIGNED MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

230 BURIAL, CREMATION, REMOVAL

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May 12, 1986

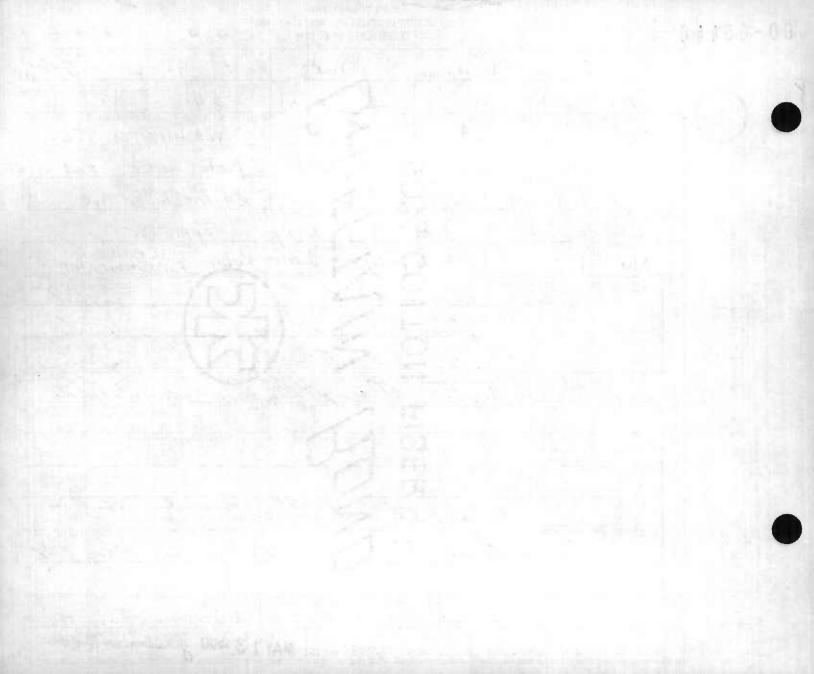
23¢ NAME OF CEMETERY OR CREMATORY

Rest Haven Cemetery

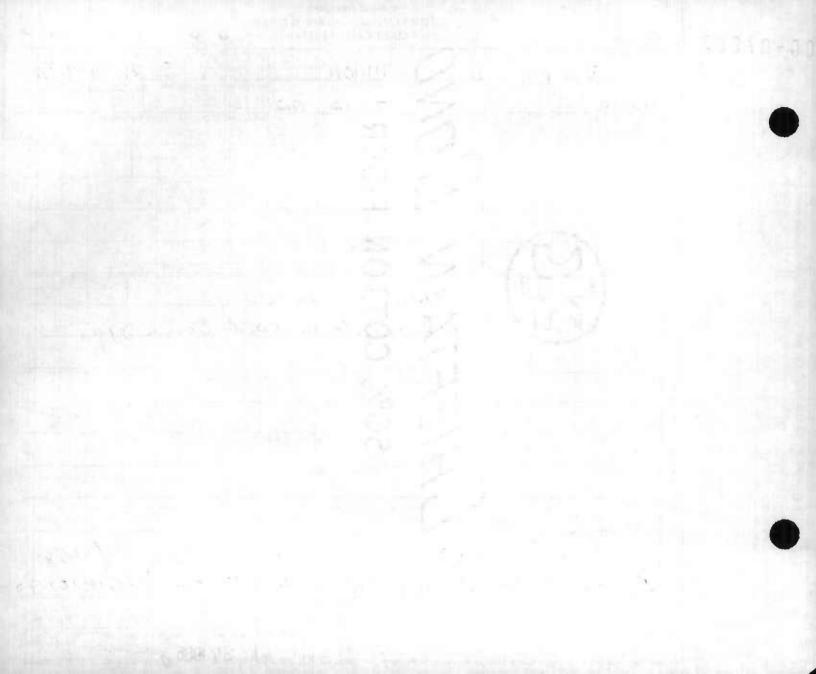
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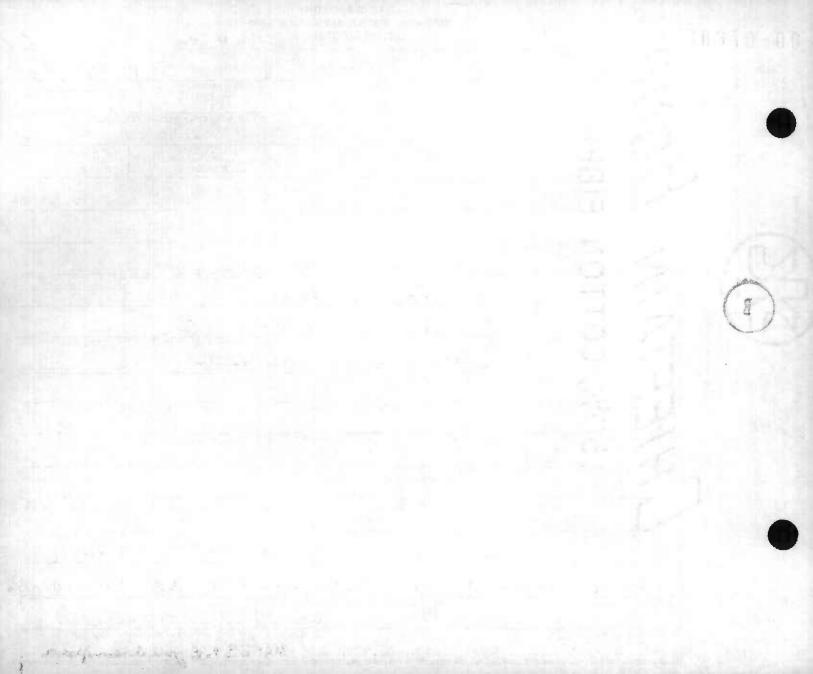
Hagerstown, Wash., Maryland

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STATE OF MARYLAND





Gerald N. Minnich Hagerstown, Maryland

(VRA 15, 4)

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by the h ERAL DIR e detache State Dep		22d PHYSICIAN'S NAME TIMES	Suou		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	5. 19 - 86				
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ВР		URIAL, CREMATION, REMOVAL BUTIAL JNERAL DIRECTOR	236 DATE 236 5-21-86		oro Cemetery		Wash. Co., Md.				
DHMH - 16 60M 7/B4 (VRA 15, 4)		ohn H. Bast, Jr	· Boonsboro,	Md. 21		TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE				

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

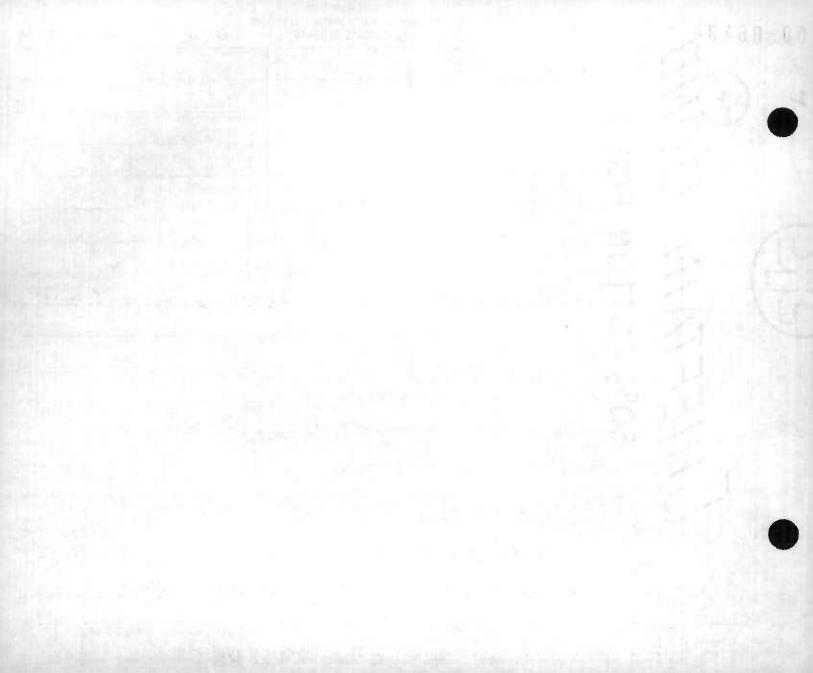
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(TYPE	E OR PRINT)	Gladys	N	Marie		MYERS			May 6	, 1986					
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문	111	0/11	0			1 110		YES	MON I	IN CERTIFY YES	ING CAUSES	OF DEATH?			
ERI	21a, ACCIDENT WAS	UNDERLYING	21b. TIME O	FINJURY	ma	21c. HOW 1	NTHEY OCC		ITER NATURE OF INJUI			140			
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230 E	BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23€ ↑	NAME OF C	EMETERY OR	CREMATOR	23d	LOCATION		COUNTY				
	burial		May 8	,1986 C	edar	Lawn	Mem.	Park	Hagers	stown,	Wash	., Md.			

DHMH - 16 60M 7/B4

(VRA 15, 4)

May 8,1986 Cedar Lawn Mem. Park
MINNICH FUNERAL HOME 24 FUNERAL DIRECTOR 415 E. Wilson Blvd., Hagerstown, Md. 21740

Wash., Md.



STATE OF MARYLAND

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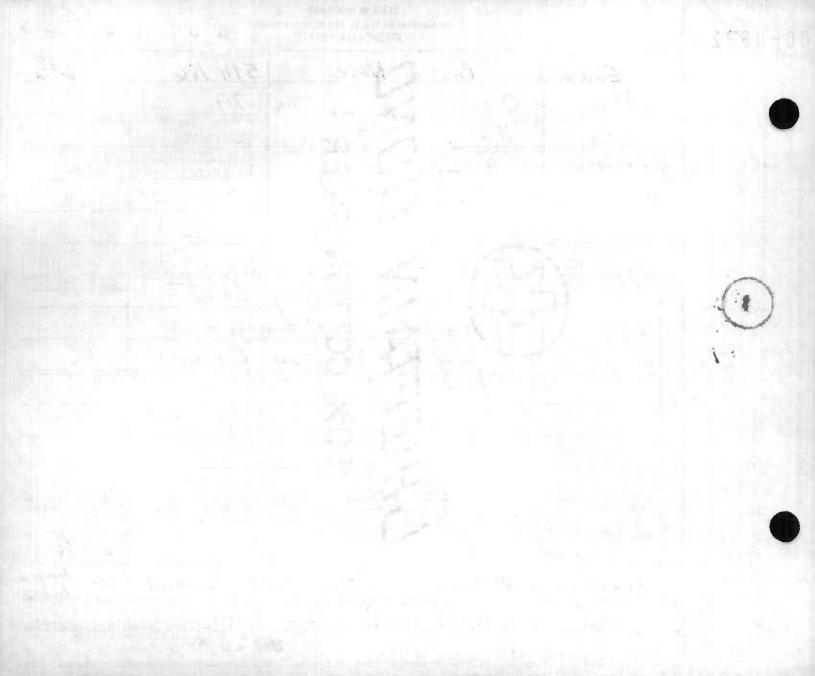
24 FUNERAL DIRECTOR

Major M. Osborne Williamsport, MD 21795

DHMH - 16 60M 7/84

(VRA 15, 4)

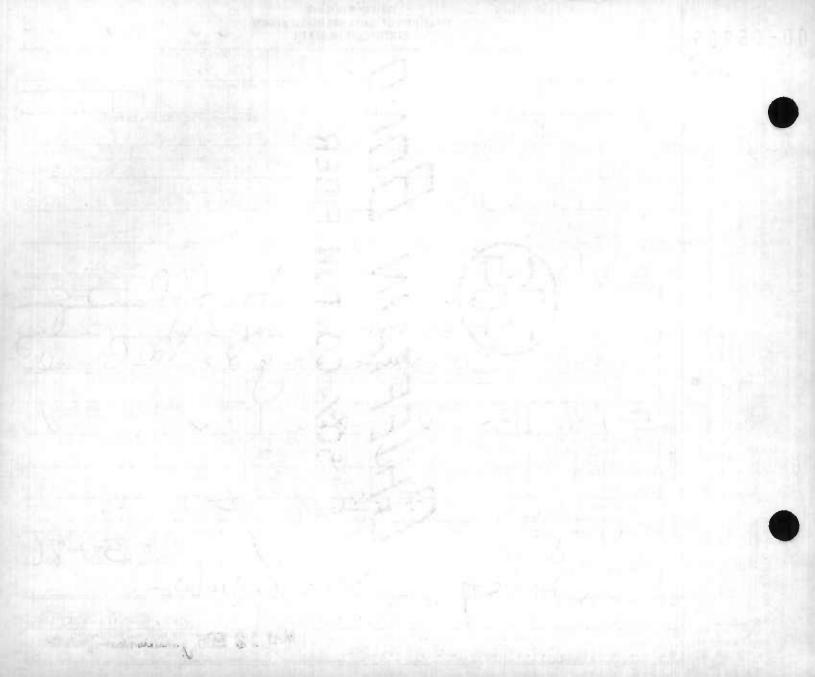
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BALTIMORE, I		VAS DECEASED EVER IN (ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES!	166. SOCIAL SE 217-12		17. INFORMANT	Wagn	ner Cl	appress#	l prin	Box	266-	A
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•	h. Page 4 m	ol director, p
21201	ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be pital or attending physician.	CIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3
E, MARYLAND	uted within 24	completely filled
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	tificate be exec	physician and
W. PRESIONS	at the death cer	y the attending
ECORDS, 201	aw requires tha	s been signed b
ON OF VITAL R	TENDING PHYSICIAN: The la pital or attending physician.	s certificate has
DIVISIO	TENDING PHY	TOR: After the

1-06205	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	15535
0-06205	REGISTRAR	AIDDLE	(ASI	REG. NO.  20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
oge 3	(TYPE OR PRINT)	Mary Jane		May 7, 1986	
moy b	3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4	female	white	Sept. 6, 1919	66 Y	RS.
oth. Po	70. BIRTHPLACE (STATE OR FOREIG COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNTRY  USA	Y? 8 MARRIED NEVER MARRIED  WIDOWED  ON DIVORCED	9. BALTIMORE CITY OR COL	
offer de	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR INDUSTRY
5 July 5	Hagerstown	Washington Co	ounty Hospital	owner	beauty parlo
filled in nould be	Maryland W	ashington   13c. CITY OR TO	msport VES NO NO	13e.STREET ADDRESS / ZIP C 236 Otha Ho	011and Dr. 21795
ed within	John	W. Everly	HS. MOTHER'S MAIDEN NO.	V.	Itnyer
e execute n and cal	IME WAS DECEASED EVER IN U.	ES GIVE WAR OF DATER!		ADDRESS	. W1
ng physician of banpapers. Per removal.	no	214 09 ( terr only one cour per line for in). AUSED BY	besz Dorothy J.	Shetron, Hagers	BEOWN, Md.
requires that the death consisted by the attending Then please remove corbinate buriol, cremotion, and injury, or other traumotic		DUE TO BANA CONSEC	DEATH BUT NOT RELATED TO THE TELL	MIN'S DISEASE OR CONDITION	O Burgo
The law rividan. International permit. Inside priority shows	The DATE OF OPERATION	Bove	THE OPERATION WAS PERFORMED	100 AUTOPSY? 100 II YES   NO. II IN CI	FYES, WERE FINDINGS USED PETER FYING CAUSES OF DEATH YES NO.
SICIAN: Thing physicio certificate to unid-tronsit tental Hygie (em 18 she	CHECONTRIBUTIONS TO CAUSE	OF DEATH HOUR A.M. MONTH	DAY YAS	WED TRANSPORTED OF HILLIANS	WIE PART I GRANGE 25
DING PHY or ottendir After this e as the bu	THE STATE OF THE PARTY OF THE P	The PLACE OF INJURY	E PARK (IC)	City Ok 10WH	COUNTY STATE
TENDIN rtal or OR: Aff	220.1 certify that (I) (this	hospital extended the deceased from		death occurred on the date and	thour and from the causes stated
At OR AT OR AT the hosp at DIRECT detached if detached if them 2 T. If Item 2 T.	SIGN TURE	did not view the body after death.	DEGREE ATTENDING PHYSICIAN	STAFF	22L DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State (IMPORTANT: #	RS	alter	319 E	adeida	
	230 BURIAL CREMATION FEM.		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	burial		Rest Haven Cemetery	Hagerstown	, Wash., Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	NAAF	INNICH FUNERAL HOI Blvd., Hagerstown		7 1565 AR 756. RE	GISTRAR'S SIGNATURE



n n - n	7637	1	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE B 6	0.	5 .	3 5
3	oge 3			CEASED NAME FIRST I	avinia	Marie	Par	PARKER	2a. DATE OF DEATH	MONTH DA	YEAR 86	26. HOUR 0
је 4 тоу	softer de		3. SE:		4 RACE	hite	S. DATE C	. 25, 1.895	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
Part Page	n 72 hour	2		RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	0	D NEVER MARRIED XX	BALTIMORE CITY C	_	FDEATH	MI
or y	by the further ded within	20		Hagerstown		HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST O Profess		126 KIND O INDUSTRY CO1	F BUSINESS OR
ND 212	filled in bould be f	35		AL RESIDENCE (IF NURSING HOMED STATE Md.	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE LIA. CITY OR TOWN WESTMINI		13d INSIDE CITY LIMITS? YES NO Y	13. STREET ADDRESS 29 New Wi	ZIP CODE	Rd. 21	157
MARYL,	mpletely ord 2 sh	60	14 FA	ATHER'S NAME FIRST  George	MIDDLE M.	Parker		is mother's maiden name of the state of the			Br	andon
IIMORE,	Poges 1	2		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	21.5-22-5		Mr. Olney L	. Parker I		la.	au
T. BALL	March Indiana			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	nly one couse pe ED BY. TE CAUSE (a)	-	dia.	correl			BETWEEN	MATE INTERVAL ONSET AND DEATH
05, 201 W. PRESTON ST	signed by the en please ren a buriol, cremmon ar		z	Canditians, if any, which gave rise to immediate cause (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(b)_ DUE TO, C	OR AS A CONSEQUE  OR AS A CONSEQUE  CONTRIBUTING TO	ENCE OF	Deur h	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1:0	
AL RECORD	hos been strengther the prior to	9	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, N IN CERTIFYII YES	NG CAUSES	GS USED OF DEATH?
OF VIT	certificate riol-transi ental Hyg	9	EDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY I.M. MONTH D.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	I OR PART 2)	
DIVISION OF	fter this os the but thought		MEDI	21d. IN JURY OCCURRED  WHILE OF NOT WHILE OF NOT WORK	21e. PLACE (AT HOME, S'	OF INJURY PREET, FACTORY, OFFICE, F	ARM ETC	211. LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
ATTENDE	CTOR. A for use a flor use a flor use			220.1 certify that (1) (this hasp sow the deceosed alive ar abave, (1) (we) (did) (did no	1	19		nd that in (my) (aur) apinian o	, to death accurred an the d	, 19 ate and have a	,	that (1) (we) lost causes stated
ITAL OF	At DiR etoche re Dep			226 SIGNATORE). NY	0 3	han 1			MEDICAL STA	FF IAN []	5/S	186
PROSPI Promoted	TO FUNER should be dwith the Sto			ABOUL W	HHERE	), us		1610-0AK		. HAG	. 115	12174
B			(	SPECIFY) Cremation, REMOVAL	136 DATE May 8,	1986 Sn	NAME OF C	EMETERY OR CREMATORY UTS Crematory		-		
	H - 16 60M 7	/B4	74 FL	NAME Davis Fund	ral Hon	e smiths	burg,		REC'D BY REGISTRAR	AN HEGISTRA	S Same	3

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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		1			STATE OF MARYLAND		
nn.	-06839	11	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE 8 6	553/
0 0	00000		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
T	• m≠		ECEASED NAME FIRST	WIDDLE	O LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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	m de la	3. S		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	ge 4 ectar rrs aft		M	White	MONTH 2 DAY 14 YEAR 1901	85 YRS	
	P. Pour	70.1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
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	5 93 79 7	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
6	s of the soft	)	1 mg ersling	304 S. Potom		Unangloyed	
212	be f	130	JAL RESIDENCE IN NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CO	DE \
2	24 h		md la	nch Imas		364 S. P.	
YLA	thing 2 she	14.1	ATHER'S NAME	0	15 MOTHER'S MAIDEN NA		MATERIAL PLAN
MAR	P P P		Charles "	-D. Payne	Soph <del>i</del>	G.	Mets
RE,	a corte	16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	JRITY NO. 17 INFORMANT	ADDRESS	1620 SAtam Ac
WO	Page ex		(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 220 -54	-9698 Wash Co. Asso.	c. Retraded Citypens -	- 1 transfer red
BALTI	te be			only one cause per line for (a), (b), a	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
80	ent,		PART I. DEATH WAS CAUS			fonction	30 Min
IS N	a de		IMMEDIA		0		
5	an, o		Canditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF		
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3	by the see of the arther arther the see of t		underlying cause lost	DUE TO, OR AS A CONSEOU	ENCE OF		
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00	mit.	T E	1% DATE OF OPERATION		OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
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	S a va va	MEDICAL	214 INJURY OCCURRED	THE PLACE OF INJURY	III LOCATION	CITEDRITORN	COUNTY STATE
VISION	G PHI of this of the b	Z	AT HOME AT HOME TO	(ATHOME, THEFT, FACTORS, OFFICE,	FARM, £15.3 3386(1	City City Court	State State
۵	or or se as a se a			pital) attended the deceased from,	2/19 10 88	10 3/15	19 PS that It (we) last
	TEN ortal or us of He	10	sow the deceased alive a	IN THE RESIDENCE AND A PROPERTY OF THE PROPERT	and that ill (my) (our) opinion	death accorred on the date and he	our and from the causes stated
	OR ATT e hospire DIRECT iched fo Dept. of		77E SIGNATURE	nor wew the body arrest beats.	DEGREE		72L DATE SIGNED
	the Day	3	Kul	my Molon	ATTENDING PHYSICIAN I	DHECTOR PHYSICIAN	
	SPIT PA		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	ATTIVITIES IN THE RESIDENCE	
	TO HOSPITAL etained by the TO FUNERAL should be detained the State IMPORTANT: If	3 10	Kichand	A. Young M.	D. 1 #3 Box	139 Williams	port, Md 21795
	5 5 5 3 X+	23e	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
	BP		(SPECIFY) Removal	5-16-86		CITY OR TOWN	COUNTY STATE
		24	FUNERAL DIRECTOR		250. DAT	E REC D. BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
	DHMH - 16 60M 7/84 (VRA 15, 4)		Anato	omy Board ADDRESS	Balto., Md.MAY	20 1900 Julia Dav	idson-Randelle
100		-		1		9	

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## STATE OF MARYLAND

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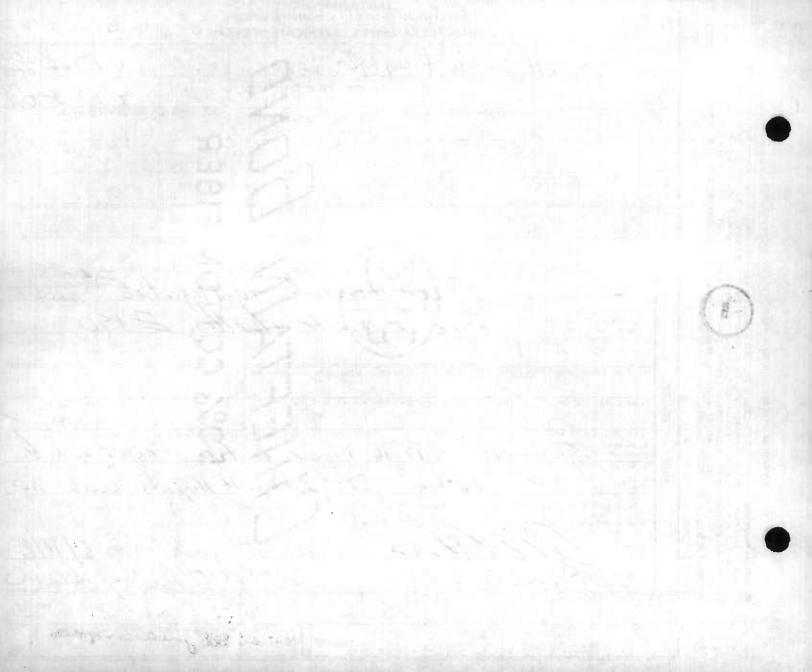
0.14	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6 -	1553
	REGISTRAR DECEASED NAME FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY YEAR 26 HOUR
(1	YPE OR PRINT) Dol	Iy Virginia	PHILLIPS	May 14	1, 1986
3.	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS A
20	female	white	March 10, 1932	54	YRS.
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR 6 Washin	
9 10	Hagerstown	(IF NOT IN SUCH FACILITY, GIVE STREET	OUNTY HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W  housewife	
	OUAL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	EADMISSION) /N   13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 1110 Corbe	EP CODE ett Street 2174
1 14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA FIRST	MIDDLE	LAST
4	William  WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		Bell	Decker
1 10		GIVE WAR OR DATES)	The second secon		
/ -				illips, Hager	stown, Md.  APPROXIMATE INTERVAL  BETWEEN ONSET AND DE
		ronly one couse per line for 101, 161, or USED BY:  CAR DL	RESPIRATORY	ARREST	BETWEEN ONSET AND DE
2 Series Carlon		DUE TO, OR AS A CONSEQUE (c)	ENCE OF  DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED		TION GIVEN IN PART 1:0
7					N CERTIFYING CAUSES OF DEATH?
-		DEATH HOUR A.M. MONTH D	AY YEAR 19 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	NITEM TE PART ( OR PART 2)
7 POLICEN	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC   211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		ospital) attended the deceased from 19	, and that in (my) (our) opinion	death occurred on the date	ond hour and from the causes state
	22b. SIGNATURE	> Ros		MEDICAL STAFF DIRECTOR PHYSICIA	NO 221. DATE SIGNED
1	OTTO RO	2A 7.D.	100 LONGHEA		HAGENSTOLN ND
23	BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY OF CREMATORY edar Lawn Mem. Par	23d LOCATION CITY OR TOWN	COUNTY STA
	burial	IMAY 17, 1986 C	edar Lawn Mem. Par	KI nagersto	wii, wash., war

DHMH - 16 60M 7/B4 (VRA 15, 4)

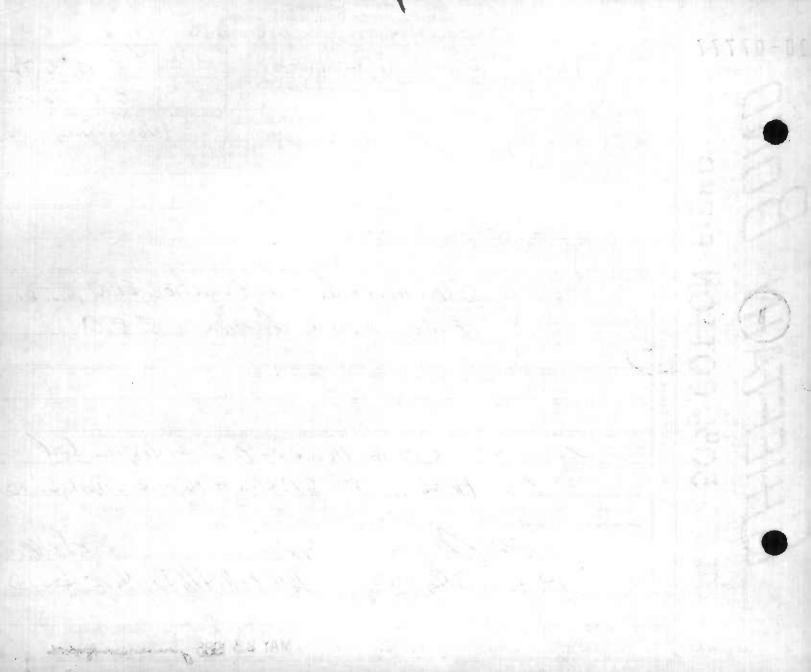
MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md.21740

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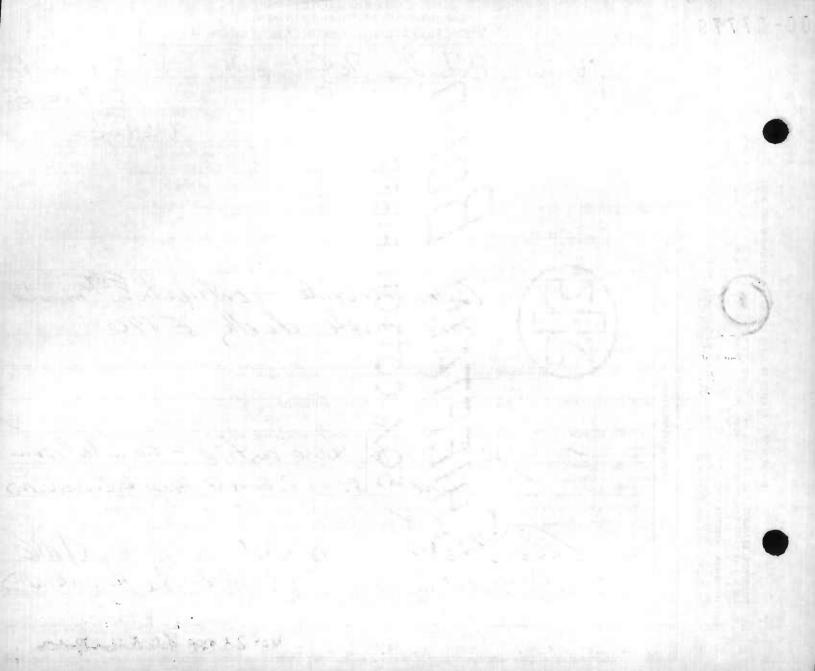
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -07780 - STATE R'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN F Hait Garret/t (TYPE OR PRINT) ESTI-DEATH MATED 3 SEX DATE LAST BIRTHDAY PRONOUNCED January 3, 1979 7 YRS DEAD male white TA RIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRYS Maryland USA DIVORCED Washington WIDOWED \_ ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS none (student) Washington County Hospital Hagerstown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | 134 INSIDE CITY LIMITS? | 130 STREET ADDRESS |  $\times$  Potomac St. | 829 S. Potomac St. 13b COUNTY 13a. STATE Washington 21740 Maryland Hagerstown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Richardson Poffenberger Doris Wilbur 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** Wilbur R. Poffenberger 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Canditions, it any, which gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF JNJURY STREET, FACTORY, FARM ETC WHILE AT WORK TO AT WORK 220. I certify that I took charge of the remains described above, held or and in my apinian death resulted Iram Hamicide Undetermined manner ACTUAL SIGNATURE SIGNED EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Williamsport, Wash., Maryland May 21,1986 Greenlawn Mem. Park burial 07/B4 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME MAY 23 1986 DHMH - 17 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME TO DATE KNOWN MONTH Tracie Lynn (TYPE OR PRINT) OF ESTI-400 & AGE (IN YEARS IF UNDER I YR. F UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED April 3, 1975 female white 11yrs DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEA MARRIED NEVER MARRIED X FOREIGN COUNTRY USA Maryland WIDOWED [ DIVORCED 18 CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) student Washington County Hospital Hagerstown ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 30 STATE 13b COUNTY 13c CITY OR TOWN 829 St. Potomac St. Washington 21740 Maryland Hagerstown YES X NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Richardson Wilbur Poffenberger, Sr. Doris 16b. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Wilbur R. Poffenberger APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) Conditions, if ony, which gave rise to immediate couse (o) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M MONTH DAY UNDERLYING DO CONTRIBUTING CAUSE OF DEATH 700 P.M. TIE PLACE OF INJURY 71f LOCATION WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE May 21,1986 Greenlawn Mem. Park Williamsport, Wash., Maryland burial 07/84 25M 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** MAY 23 1986 415 E. Wilson Blvd., Hagerstown, Md. 21740 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYDROX INCOMES OF THE CASE INCOMES											MARYLAND						
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Second   S					I. DEC	EASED NAME	FIRSWilh			C	LAST	- 120	DATE KNOW	N D MONIH	DAY	YEAR	HOUR
Second   S			₩ % % % F.	337	(TYPE	OR PRINT)	1,1100	( )	docto	V	Houlan	x Cra	OF ESTI-	0 0 5	1)19	86	700
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Received and control of the post of the			ON SOUR				ite	July 16	1977 8		NO DATE NOONS		DEAD	3	e = 13	,0	10 AM
Received and control of the post of the	X		ESSA RAL RHIN	1	7e. BII	RTHPLACE (STATE OR REIGN COUNTRY)	7b.	CITIZEN OF WH	AT COUNTRY?	8. MARE	IED NEVERMA	ARRIED 🔀 9	BALTIMOREC	ITY OR COUN	TY OF DEA	ATH	
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Wilbur R. Poffenberger Doris Richardson  Wilbur R. Poffenberger Doris Richardson  Wilbur R. Poffenberger Doris Richardson  Ric		201	NY CANA	55	13e S1	ATE	13b. COUNTY		13c, CITY OR TOWN	1	and a						
Wilbur R. Poffenberger Doris Richardson  Wilbur R. Poffenberger Doris Richardson  Wilbur R. Poffenberger Doris Richardson  Ric		0.21	A A B C S S S S S S S S S S S S S S S S S S	0			Washin	gton	Hagersto	wn			9 S. Po	tomac S	St.	2174	0
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18 CAUSE OF DEATH (Enter only one couse per limit pr (o), (b), and (c)		ME	SES SES		(46	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	100.000.000			R. Poff					
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196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. AUTOPSY?  YES NO PART OF INJURY OCCURRED (EMER NATURE OF INJURY INJURY OCCURRED)  WHILE NOT WHILE AT WORK AT WORK  220. I Certify that I took charge of the remains described above, held on death resulted from. Natural causes Acident Suicide Momental Park Signed Momental Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport, Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport Wash., Maryland Park May 21, 1986 Green Lawn Memorial Park Will Limsport Wash., Maryland Park Will Limsport Wash.		. 20	BEN S	Š.				(c)									
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	TALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat by the hospital or ottending physician.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME MONTH Allison 2b. HOUR TYPE OR PRINT RENNER EOGAA 30 1:40 PM 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR 07 MALE CAUCASIAN 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED WASHINGTON COUNTER 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 301 13e STREET ADDRESS / ZIP CODE 13a. STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 21740 ugers bun YES P NO [ FATHER'S NAME 15 MOTHER'S MAIDEN NAME Boward Thomas A. Renner LAST Grace E. LAST UK 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Sr., Hagerstown, Md. 166. SOCIAL SECURITY NO. . Renner, LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) UK 214097709 APPROXIMATE BITERVAL BETWEEN CHOSET AND DEA It CAUSE OF DEATH (Enter only one cause per line for jot, (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (11) Corelly you long new ar other troumatic ŏ iol, cremotian, Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110 CERTIFICATION 0 and Mental Hygrene prior 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL morked or Item LIF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

old be detoched to the State Dept. of

PORTAN

230 BURIAL, CREMATION, REMOVAL burial

AT WORK

Thomas

22a.1 certify that (1) (this hospital) attended the deceased from,

sow the deceased alive on above. (I) we did (did not) view the body ofter death

AT WORK

22b. SIGNATUR

231 NAME OF CEMETERY OR CREMATORY June 2,1986

19 86

21740 23d LOCATION

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

Rose Hill Cemetery

DEGREE

MO

ATTENDING

Hagerstown, Wash., Maryland

1986

22¢ DATE SIGNED

130 186

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md.

5/30

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE grina Davidson Gardettes

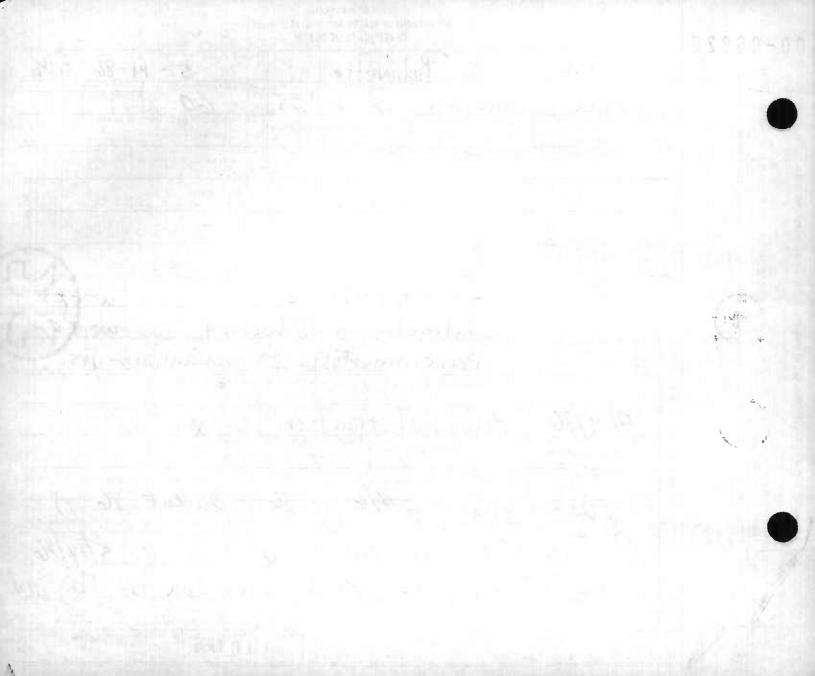
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STAFF

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and the	AP P	1	THE STATE OF	d. INJURY OCCUI		21e PLACE	OF INJURY REET, FACTORY, OFFI	CE, FARM ETC )	211 LOCATION		CITY	ORTOWN	COUNTY	STATE
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BP			bur			May 1	7,1986	Sunset	Memorial	l Parl	R Beckle	y, Ral	eigh, W.	. Va. STATE
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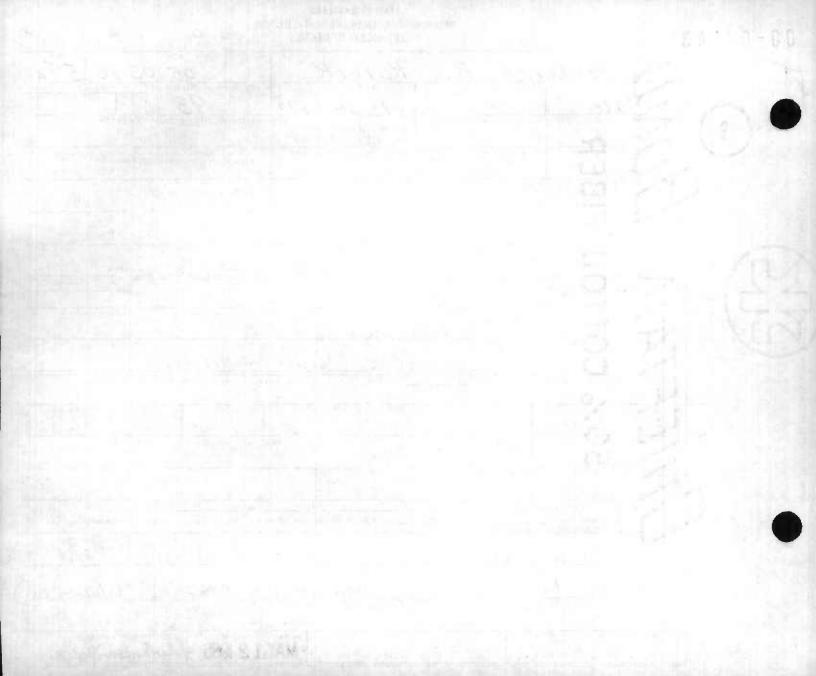
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## STATE OF MARYLAND

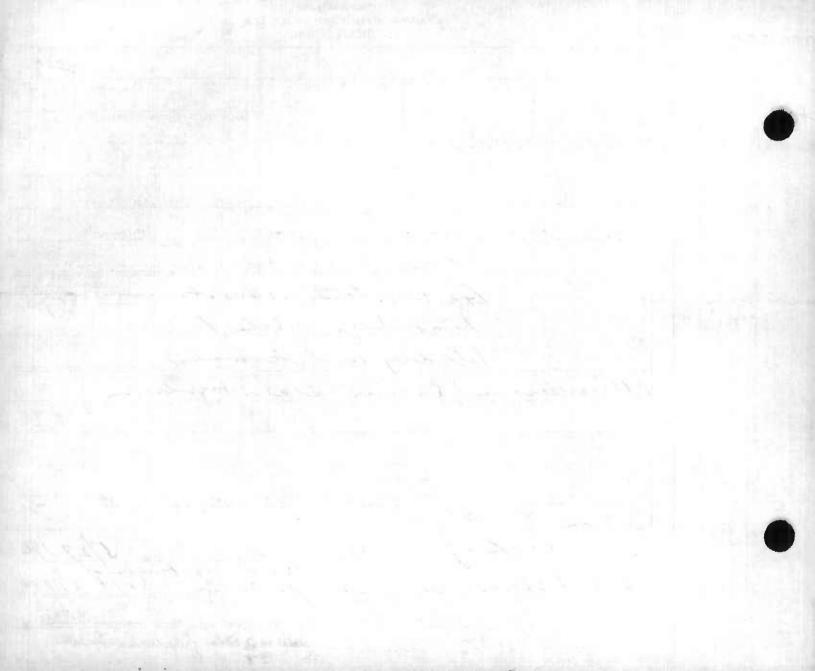
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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19	10 C	TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SU	HOSPITAL, NURSIN	ADDRESS)	PR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	N 12b. 1	KIND OF BUSINESS USTRY railroad
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ompletely ond 2 sho	_	THER'S NAME FIRST David	MIDDLE	Rubeck		15. MOTHER'S MAIDEN NAME FIRST Anna	ME MIDDLE		Switzer
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w ne bo	RTIFIC						YES NO	YES _	AUSES OF DEATH?
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CTOR.		220.1 certify that (1) (this hasp sow the deceased after or above, (1) (we) (did) (did no	1	19		, 19	, to death accurred on the dat		, that (It (we) om the couses stated
by the hosp lERAL DIRECT se detoched f Stote Dept.		22b. SIGNATURE	1940	el.	w		MEDICAL STAFF DIRECTOR PHYSICI		DATE SIGNED
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BP	b	Burial, cremation, removal SPECIFY) Urial	May 6	, 1986 E	lairs	Valley Cem.	Clear Spr:	ing, Wash	., Maryla
HMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR MINN 15 E. Wilson Bl		ERAL HOME		1 4 4 4 1	Y 1 2 1986	sh REGISTRAR'S S	



	14. FATHER'S NAME FIRST  A. JU  16. WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN)  18. CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate couse to storing the underlying couse lost  19. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE AT WORK  AT WORK  AT WORK  220. I certify that (I) (Ither hop sow the deceaded olive on above, (I) two stidl (idid no 220. SIGNATURE  221. BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL  214. FUNERAL DIRECTOR		STATE OF MARYLAND			
	11.		DEPART	MENT OF HEALTH AND MENTAL H	YGIENE &	554/
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within 7			U.S.A.	WIDOWED DIVORCED		
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Filed no	1	Hagerstown	Washington Co	ounty Hospital	House duties	Home /\
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H - 16 50M 1/81	24 FI	NAME ( ) (	an Ces M. Brasic	77	ATE REC D. BY REGISTRAR 256. REGI	STRAR'S SENATURE
(VRA 15, 4)		Brown F	uneral Home-Marti	nsburg. W. Va.	your guia Dav	Intoplant for the page
				0111.444.34		



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2h HOUR 405 TYPE OR PRINT ARDIE Leroy WEGARS 86 5 deo 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE IN YEARS LAST BIRTHDAY) F UNDER 24 HRS 3 SEX 1929 Male Feb. Black BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRYS . C. MARRIED NEVER MARRIED Washington County DIVORCED [ WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Hagerstown Dockworker Hospita] Washington County HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION USUAL RESIDENCE Wash. STREET ADDRESS / ZIP CODE 440 Carrolton 13d INSIDE CITY LIMITS? Ave. 21740 IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Collins Lottie Blackman Segars 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Sheila Segars 440 Carrolton Ave. 245-38-7458 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ici. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) ACONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a.1 certify tha (1) (this haspital) attended the deceased from. 4-30 19 06 and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated did udid not view the body after death DEGREE 22b SIGNATUR 22c. DATE SIGNED 5-2-86 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S HAME THE COMMITTEE 77e ADDRESS ld b Robert J. Trace Jr. 119 E. Antietam St. Hagerston, Md. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Cedar Lawn Mem. Pk. Hagerstown Md. Entombment Wash. BP 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

OF MARYLAND

. Autographic Committee

STATE OF MARYLAND

23c. NAME OF CEMETERY OF CREMA

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR Skiles Funeral Home 136 F. Rolto St Maryland

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

25a DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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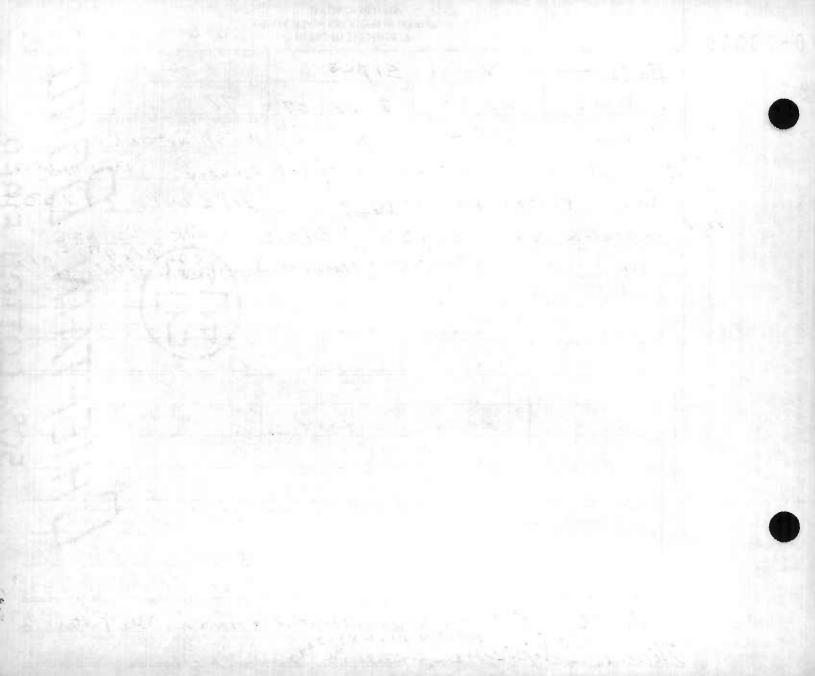
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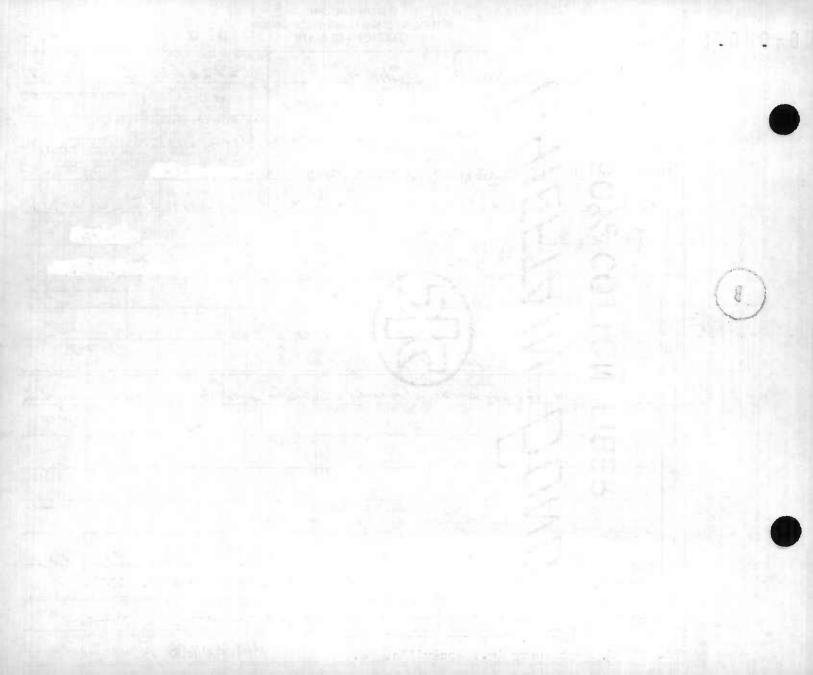


DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, PA. 300 W. Montgomery Av., Rockville, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE was bandown Birgastin

Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-19 86 IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS CAROL Ann STARR DEATH MATED 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. 2d HOUR IF UNDER 24 HRS PRONOUNCED white Aug. 18, 1947 female DEAD 15 1986 6P M 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A Pennsylvania Washington County WIDOWED \_ DIVORCED PAGE 5 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR, INDUSTRY FOR MOST OF WORKING LIFE WIFE garage-rear of C&R Liquor Store-U.S.40 Home Hagerstown OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI | 136. INSIDE (ITY LIMITS) X | 130. STREET ADDRESS | YES | NO | X | 136.14 John Cline Rd. 21783 Smithsburg 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Fisher John Berger 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWNI LIE YES GIVE WAR OR DATES! 196-40-3203 Mr. Lowell R. Starr Smithsburg, Md. DIVISIO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ACAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEEPARTMENT OF HEALTH AND MENTAL HYGIENE, DBALTLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carbon monoxide intoxication IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Subject inhaled exhaust fumes from auto. ? P.M. 3-22- 1986 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK C&R Liquor Store, U.S. 40, Washington, MD garage rear of Hagerstown my opinion Autopsy X Inspection 22a. I certify that I taak charge of the remains described above, held on Suicide X Accident Homicide Undetermined monner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 5-16-86 SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Smithsburg Wash, Md. May 18, 1986 Smithsburg Crematory 24 FUNERAL DIRECT 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND 00-0633 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS ELZA STEELE Veronica 6 AGE [IN YEARS LAST BIRTHDAY] DAYS Dec. 28 1898 Female White 87 Ja. BIRTHPLACE I STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Gouldsboro. Pa. U. S. A. WIDOWEDY Washington IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSEWILE Own Home Western Maryland center Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 N. Main St. Washington 13d. INSIDE CITY LIMITS? Marvland Keedvsville 21756 IA EATHER'S NAME IS MOTHER'S MAIDEN NAME Otto MIDDLE Ulbrick IInknown ADDRESSO N. Main St. 16b SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? NOES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 213-74-3583 Mr. Ralph K. Steele. Keedysville, Md. 18 CAUSE OF DEATH lEnter only one cause per line for log IMMEDIATE CAUSE IO Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

Boonsboro, Md.

CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL I IF EITHER NOTIFY MEDICAL EXAMINER P.M. 19 7 Id. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (X (this haspital) attended the dieceased from saw the deceased alive an abave, (I) XXX(did) (dXXXXX and that in (my) XX) opinion death occurred on the date and have and from the causes stated 226. SIGN 4 DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Brentwood, Prince deo 5-13-86 Fort Lincoln Cemetery 24 FUNERAL DIRECTOR

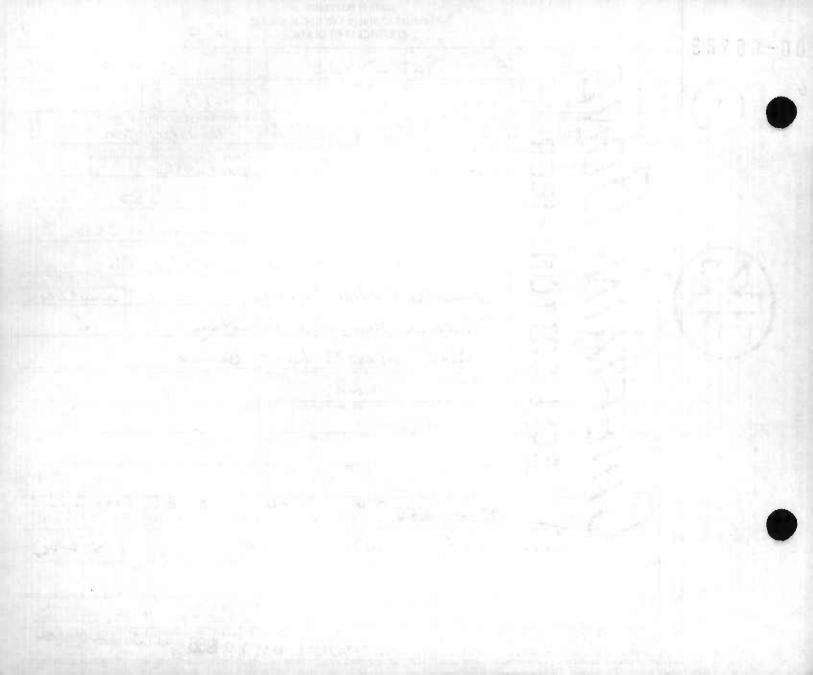
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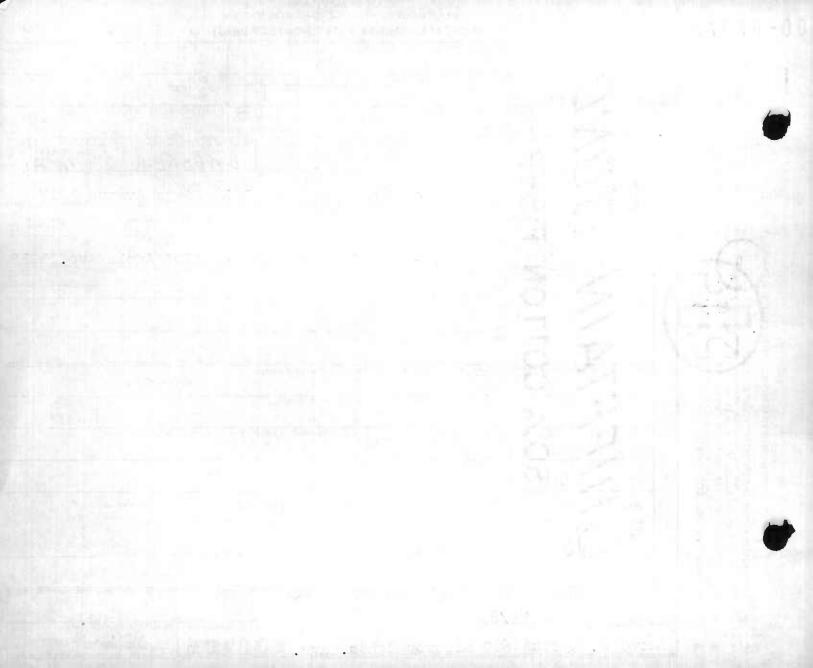
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	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STA BATTWORE, MARYLAND, 2		TYPE OR PRIN	1/					ADDRESS				- C			
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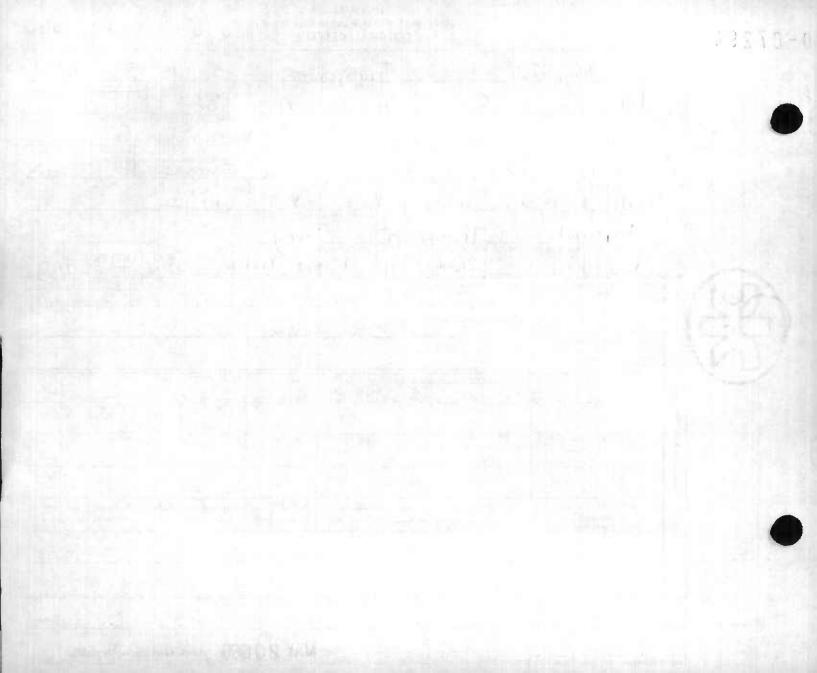
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TOWN TO THE STATE OF THE STATE	130. STATE	10 9	ME OR OTHER INSTITUTION	13c GITY OR TO	Stork	30 INSIDE CITY YES \( \) NO	o [X]	30 STREET ADDRESS	ZIP CODE	colo	21740
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be execution and c		ECEASED EVER IN U.S ORUNKNOWN) (IF YE	S. ARMED FORCES S. GIVE WAR OR DATES)			o Kenne		Trumble,			Annual Contraction
ST., BAL	18 C	AUSE OF DEATH (Ent ART I. DEATH WAS CA IMME	ei only one couse p AUSED BY. DIATE CAUSE (o)_	er line for (a), (b), (	Lives	pirda	a a	vrest		BETWEEN ON	ATÉ INTERVAL NSET AND DEATH
he death of	gav	ditions, if any, whice rise to immediate (a), stating th	h (b).		-unary	Cu=te	المرا	Direau			
es that if	und	erlying cause las	1.	OR AS A CONSEO		OT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVEN	N PART 1(a)	
RECORDS,	IFICATION D	NO.		DITION FOR WHIC	H OPERATION	WAS PERFORM	NED.	200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN		
	210.	ACCIDENT WAS UNDERLYIN	110110	OF INJURY A.M. MONTH	DAY YEAR	21c HOW INJUR	RY OCCURRE	YES NO	YES [		NO [
DIVISION OF VITAL NG PHYSICIAN. The offerding physicion ster this certificate has the burial-fronsit in th and Mental Hygies orked of them 18 sho	V (IFI	DITRIBUTING CAUSE CENTER NOTIFY MEDICAL EXAMINATION OF CONTRED	AINER)	P.M.  E OF INJURY STREET FACTORY OFFICE	19	21f LOCATION STREET	BUSA	CITY OR TO	WN	COUNTY	STATE
ENDING tol ar off DR. After r use as th Health ar	AT WC	certify that (I) (this I		the deceased from	15	that in (my) (ou	19delinion de	eath accurred on the d	ote and hour on		not (I) (we) last
the hosping the hosping at DIRECTOR at DIRECTOR to Dept of the Dep	-	H (we) (did) (d	A Cla	dy offer death.		EGREE ATTE	ENDING	MEDICAL STA	FF	224. DATE 9	
TO HOSPITAL retained by the TO FUNERAL should be detained by with the Store with the Store IMPORTANT. It	THE !	PHYSICIAN'S NAME !	TYPE OR PRINT)	Cassi		1825	10	well hel	Itego	rston	in hid
BP	23a BURIAI (SPECIFY	Cremation, REMO	May31			METERY OR CRE	atory	Smiths bu	ırg, Wab	h., Md	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERA Davi	S Funeral	Home, Sm	ithsburg	Ma. 2	21783	19 BA	RICID BY REGISTRAR	The REGISTRAN	S SIGNATU	RE MANUEL

Carried Page 1 A VOITE OF THE CONTRACT OF THE PARTY OF THE +1121 STATE OF THE REAL PROPERTY. Texendent with the second of t

8DS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	]
equires, that the degalgering are be executed within 24 hours ofter death. Page 4 may be	U 1
Signed by the Security Applican and completely filled in by the funeral director, page 3	7

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OF PRINTS 10 raymond Lauren M DON)P 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE IF UNDER I YEAR IF UNDER 24 HRS SEX 5. DATE OF BIRTH MONTH DAY 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE DATORS ON 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Tavem Owne avern IN HIS ING HOME OR OTHER INSTITUTION GIVE RESIDENCE ORE ADMISSION 21795 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Wasl 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Jennie umpowe Kinser ADDRES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 900 Marion (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), BETWEEN ONSET PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES [ CERT 710. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on. and that in (my) (aur) apinion death accurred on the date and have and from the causes stated obare (I - did id did not view the bady after death 376.51GNATURE 22c. DATE SIGNED DEGREE MEDICAL ATTENDING STAFF DEDDIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME ITYPE OR PRINTS 22e ADDRESS 190 College Road, Hagerstown, Maryland Edson B. Moody, M.D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23d LOCATION (SPECIFY) burial CITY OR TOWN May 19,1986 St. Pauls Cemetery Clear Spring, Wash., Maryland 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 415 E. Wilson Blvd., Hagerstown, Maryland 21740MAY (VRA 15. 4)

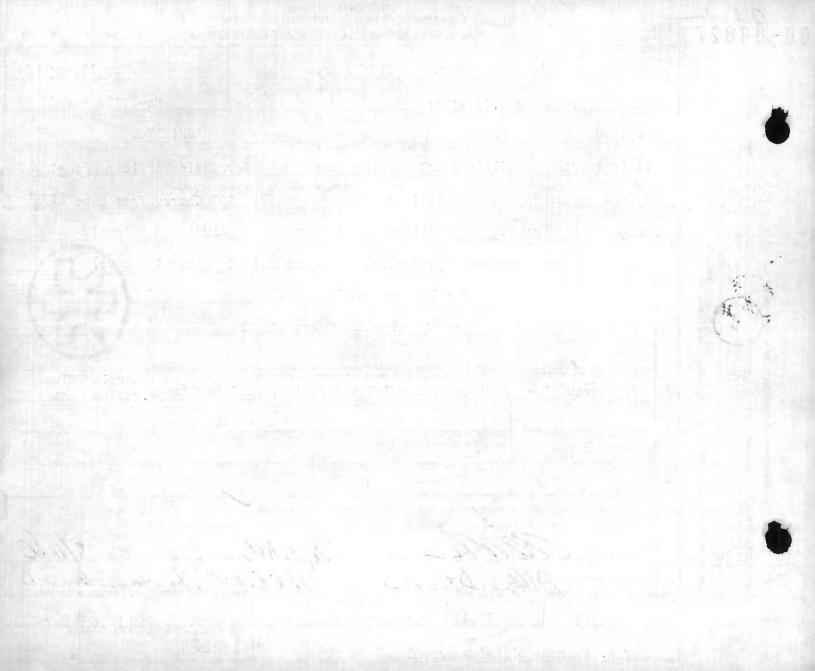
STATE OF MARYLAND



STATE OF MARYLAND



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		1 DECEA	SED NAME	FIRST		MIDDLE		LAST	2a D	ATE KNOWN	HTHOM X	DAY	YEAR 26 HOUR
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	AL AL STORES	70. BIRTH	PLACE ISTATE OR	1116	76. CITIZEN OF WE		Tr.	ED X NEVER MAR	9 B/	ALTIMORE CIT			
	IS NECESSARY, PEASE FENNERAL DIRECTOR. ES FOR YOUR FILES. ED, WITHIN 72 HOURS. I W. PRESTON STREET.		rvland		USA		WIDOW	71		WASHING	TON		445
	DELAY IS NE TO THE FUN 1 PAGE 5 F BE FILED, W		OR TOWN OF DE	ATH	11. NAME OF HOS	PITAL, NURSING HO	OME, OR OTH		12a. USUAL C	CCUPATION			
	> ESE	1.73	lliamene			CILITY, GIVE STREET ADDRE				OF WORKING LIFE)	cc		DUSTRY
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201	ANY AND 3 PETAI PECOF	13a. STAT	E	136. COUN	ITY	13c. CITY OR TOW	/N	13d. INSIDE CITY LIMITS2					04305
1.21	A A B S S S S S S S S S S S S S S S S S		yland	Wash	ington	Williams	sport	YES NO		Cherry	Tree L	ane	21/95
WD	- C/ -	14 FATH	ER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAI	DEN NAME	MIDDLE		LAST	
, W.	DEATH OF VILL		seph		robst	Weicht		0ra	Mai		Arno	old	
MO	FORM GES 1 AN SION OF	16a. WAS (YES, N	DECEASED EVE		MED FORCES? WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDR	ESS	-	
BALTIMORE	APINE SIVE APGINE		no			232-10-4	1624	Agnes W	eicht	(item 1	3 Above	)	
2	S S S S S S S S S S S S S S S S S S S	18	CAUSE OF DEA	TH (Enter an	ly ane cause per line	far (a), (b), and (c).	)	72 miles		7	The second	APPRO	XIMATE INTERVAL
2	92082		PARTIDEATH		TE CAUSE (a)C	ardiac Ar	rhythm	ia (427)	)				
2/	SE3158		88/			AS A CONSEQUEN	CE OF	XO FILE		CONT.		-	
2	ENSES	121	Conditions, if gave rise to		(b) A	rterioscl	erotic	Heart Dis	sease (1	29)		100	
3	225		cause (a) statin	g the under-	( )	AS A CONSEQUEN							
201	NA KAN		lying cause las	<u>t.</u>	(6)							1	
98	ANAMA	PA	RT 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS!	OR CONDITION GIVEN IN	PART 1 in		A *	- 1/-	1
90	S A A SEA				- Previou					Stroke	Aorti	c va	ive
ME	08×440	MEDICAL CERTIFICATION	a. DATE OF OPER	ATION	196 CONDI	ION FOR WHICH C	PERATION W	AS PERFORMED?	previous	O ET OIL	repla	20 AUT	
DIVISION OF VITAL	OF THE STATE OF TH	FIC										YES	□ NO <b>□</b>
2	NO SEPTION -	21	a. EXTERNAL CAL	JSE WAS	21b. TIME OF		21c. HC	OW INJURY OCCUR	RED LENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PAR		L NO X
0	RTIFICATI NG THE V TO THI SHOULD PARTMEI	Ja UI	NDERLYING X	OR	HOUR A.M	. MONTH DAY Y	/EAR						
Sio	CERTIFIC LITING TH DED TO 3 SHOU DEPARTA	9 21	INJURY OCCU			OF INJURY (ATHOM		CATION			_	-	
NO	ARDEGE 3	W W	HILE NO			ORY, FARM, ETC.)		TREET	CITY	ORTOWN	COU	NIA	STATE
	125842	A	TWORK - AT	WORK					-				
	FOR THE S	3-6	22a. I certify tha	t I taok charg	ge of the remains des	cribed above, held a	an Autop	sy . Inspect	ian . In	quiry .	and in my api	nian	
100	MER ENTER		leath resulted fra	m: Natu	ral causes	Accident,	Suicide	, Hamicide	Undetermin	ed manner	].		,
	CERTILIO BULD BUREC		ment at	/	mid	11-		TITLE (SPECIFY)				-	1.10
	A H P P P P P P P P P P P P P P P P P P		TUAL GNATURE	01	unix	4>	M	D. 10 775	MEDICAL	EXAMINER	SIGNED	5/	1100
	NER A SI	EV	AMINER'S NAMI		1/2	Sell as		1110	0 416	110	./.	1	m.A
	TO MEDICAL EXAMINE EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNE AT FORMAL WITH BALTIMORE, MARYL	T (T	PE OR PRINT)	17	HEINS	1/2 /n	<u>ک</u>	ADDRESS 610	CKUYI	14u 1	10:181	your	1 My
	5X4548	23a. BURI	AL, CREMATION,	REMOVAL :	236. DATE	23c. NAME OF	CEMETERY O	R CREMATORY	23d. LOCAT	ION	COUNT	ſΥ	STATE
07/B4	BP	15.20	Buria		May 14,	1986 Rest	Haven	Cemeterv	Hage	stown	Washing	iton	Mary land
25M	DHMH - 17		ERAL DIRECTOR		ADDRESS				E REC'D. BY REG	ISTRAR 256 RI	EGISTRAR'S ST	GNATURE	
	(VR A15 ME (5))		ior M.Os	borne				tV.	IAI 16	1986	me dell	150 - STO	instable



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## STATE OF MARYLAND

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		REGISTRAR			CEKITF	ICATE OF DEATH		NO.	1 3	3 0 0
		ORPRINT)  MEL		HARRY	W	IELLER SR.	20 DATE OF DEATH	5 MONTH	19 86	Le 15 PM
	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAS	(BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
		MALE		1510N	MONTH	1 1 23	62	YRS	5.	HOURS MIN.
7	70. BII	RTHPLACE   STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
1		NARYLAND	U.S.		WIDOWE			INGT		MD
į	10. CT	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	(DORESS)	OR OTHER INSTITUTION	120 USUAL OCCUP	ST OF WORKING		OF BUSINESS OR
	USUA	AL RESIDENCE (IF NURSING HOME OF		INGTON		INTY HOSP	LABORE	R	Const	evenow
1	13a. S	TATE 13b. COUI		HANCEC		13d. INSIDE CITY LIMITS?	RT 2	SS / ZIP CO	DDE 750	
		THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			
	1	LUTHER	MIDDIE 1	NELLE	•	MARY	MIDDE		MIL	LS
		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ROAS	DRESS	468E	
	(1)	(IF YES, GI	VE WAR OR DATES)	220-16-3	1495	MARK E. WELL			LISKURI	PA.
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		(AZT)	TAC	ARREST			BETWEEN	NIMATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OF	RAS A CONSEQUE	MYO	cardial IV	rfaicha.		36	Laus
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART 11	10
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDII TIFYING CAUSES YES []	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM I	18 PART   OR PART 2)	
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE ( (AT HOME STR	OF INJURY IEET, FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
		220.1 certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no	Mas	19 19 8	MAG	nd that in (my) (our) apinion o	death occurred on the	e date and h	nour and from the	that (I) (we) last causes stated
		22b. SIGNATURE	In L	•	MP		MEDICAL S	TAFF SICIAN [	22c. DATE	SIGNED
		DINO J.	) ELAPO	MAS	M1).	703 OAK	15116	ur }	tage sto	16-5, MS
		URIAL, CREMATION, REMOVAL	23b. DATE 5/22		AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
1		11/2141	1 2/11	1000 1116	HAD	O KINGZ	INT I	Ancre	r LALMSH	MO

BP.

TO FUNELAL DIRECTOR. After this certificate has been signed by the certificate for use as the burial-transit permit. Then please with the certificate prior to burial, crediting the certificate prior to burial, crediting the certificate prior to burial, crediting the certificate for the

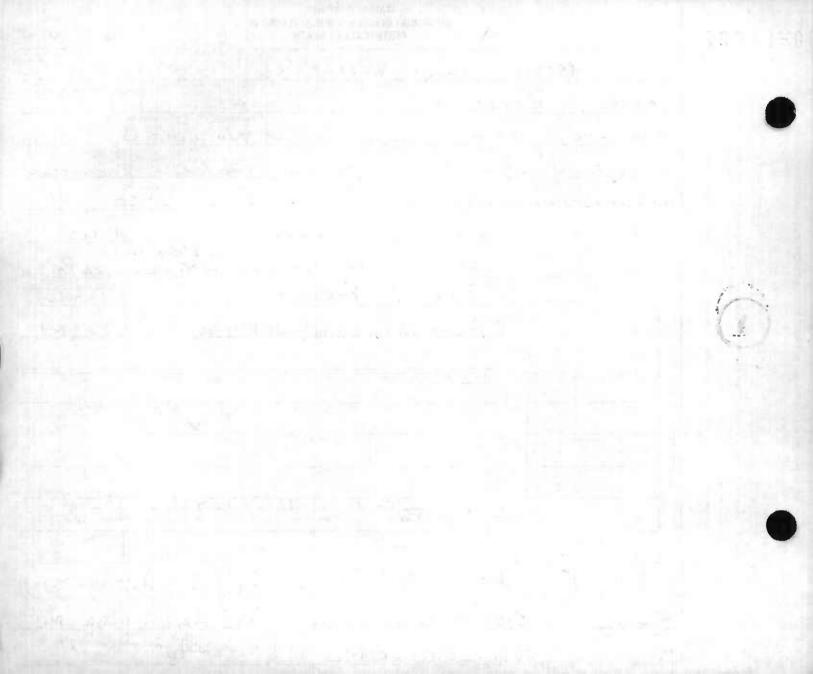
ATTENDING PHYSICIAN. The low

DHMH - 16 60M 7/84 (VRA 15, 4)

24-FUNERAL DIRE

une HANCOK

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 8 REG. N	10.	E-Marie	5	3	Ó	4
ATE OF BEATH	MONTH	DAY	YEAR	2	HOLIP	

	REGISTRAR				CLIVIII	ICAIL OI DIA		REG. N	٥.			
	DECEASED NAME J	atilės -Co-X	( W	Tburn	5	WESTCOX	ζ	5/5/	MONTH OF	AY YEAR	2b HOU	JR M
3.	SEX H		4. RACE		5. DATE C		ye ar	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER	MIN,
70	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Kentucky		7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE		NEVER MARRIED DIVORCED		P BALTIMORE CITY OR COUNTY OF DEATH  Washington			MD.		
70	Hagerstown		11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County					120 USUAL OCCUPAT (1YPE OF WORK FOR MOST C agent		_	of Busini	
23,13	SUAL RESIDENCE (IF NURS In STATE STATE	136 COU		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Smithsbut	1	134 INSIDE CITY LI	_	13e STREET ADDRESS . Route 4.		4"	78	3
	FATHER'S NAME FIRST Robert		MIDDLE J.	Wilcox		15. MOTHER'S MA				LAS	Τč	
16	WAS DECEASED EVER (YES NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECUR 518-10-1		17. INFORMANT  Ruth K	C. Wi	ADDRI lcox, Smith		Md.		
	18 CAUSE OF DEATH (Enter only one couse per line to (1), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH											DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  DUE TO, OR AS A CONSEQUENCE OF Acute MI, Strake  DUE TO, OR AS A CONSEQUENCE OF Acute MI, Strake  DUE TO, OR AS A CONSEQUENCE OF Acute MI, Strake  DUE TO, OR AS A CONSEQUENCE OF Acute MI, Strake  PART 2 OTHER SIGNOFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N IN PART 1	0		
	19a DATE OF OPERATION 19b. C			CONDITION FOR WHICH OPERATION WAS PERFORMED			D	200 AUTOPSY?		WERE FINDING CAUSES		TH?
	OR CONTRIBUTION	CAUSE OF DE	ATT .	M. MONTH DA	Y YEAR	216 HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2)		
100	(IF EITHER NOTIFY MEDI		21e PLACE (	OF INJURY EET, FACTORY, OFFICE FA	RM ETC)	211 LOCATION STREET		CITY OR TO	WN /2	COUNTY		STATE
	22a. I certify that (1) sow the decease 22b. SIGNATURE	ed alive on	( )	19_		DEGREE		eath occurred on the d	-	ond from the		we) lost ated
4	220. PHYSICIAN'S NA			ON DRAPO 3	- 1		ICIAN D	RECTOR PHYSIC			7/0	9
	BURIAL, CREMATION, USPECIFY) burial		May 8	, 1986 R		EMETERY OR CREM	ery	23d. LOCATION CITY OF TOWN Hagerstow	m, Was	county sh., Ma	rvla	STATE and
24	FUNERAL DIRECTOMI	NNICH	FUNERAL	L HOME			250 DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNAT	ME 1.	

DHMH - 16 60M 7/8 (VRA 15, 4)

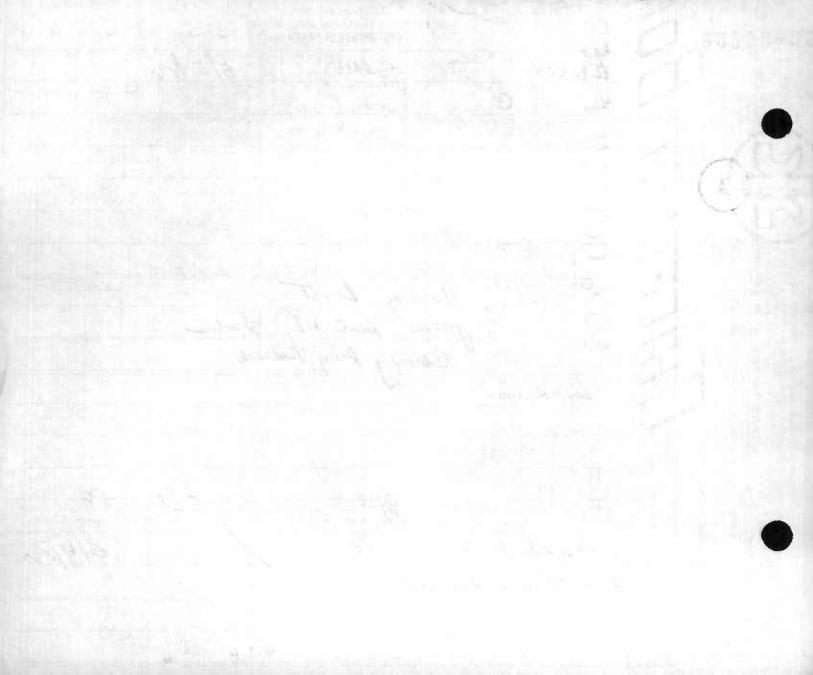
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TO FUNERAL DIRECTOR After this

415 E. Wilson Blvd., Hagerstown, Md. 21740

MAY B

86 June de



+ 4				STATE OF MARYLAND		
	1-	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE & A	15565
0-08954		REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
m.s		EASED NAME FIRST DR PRINT)	MIDDLE	LAST	20. DATE OF DEATH	
deoth deoth		Helen	C	Wisher	5	5-24-86 8:22 PM
a a	3. SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DATS HOURS MIN.
2 00 8	-	F	W	5 3 30	56	YRS
Of the Ba	PO BIRTHPLACE (STATE OR FOREIGN COUNTRY)  WISY CO USA		7b. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED A NEVER MARRIED WIDOWED DIVORCED D	9 BALTIMORE CITY OF	R COUNTY OF DEATH
12 19	10 CIT	Y OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR
5/1 1/2/1/		agersfoon Md	(IF NOT IN SUCH FACILITY, GIVE STR Washing for	Co	HOUSE 101+	EWORKING LIFE) INDUSTRY
ND 2113	USUA 13a. S	LRESIDENCE (IF NURS NO HOME OF TATE		ORE ADMISSION)  13d. INSIDE CITY LIMITS?  14 4//3 6007 YES NO	13e.STREET ADDRESS	ZIP CODE PORT SON
2 1 11 100	14 FA	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	
A 1 11 1/2		Phaplie	MIDDLE COLLECT	GEPTIE	MIDDIE	Quinter
# 1/9/		AS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRE	SS
	[4]	S NO OR UNKNOWN) (IF YES, G	227-36	-7358 Kenneth Wi	SNER RIZ BE	a McConnellsburg B.
MR CONTRACTOR		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), SED BY ATE CAUSE (a)			BETWEEN ONSET AND DEATH
ON # Corp.			DUE TO, OR AS A CONSEC	DUENCE OF A 1		
de d	300	Canditions, if any, which	( b) M4000	indial Infaraction	<u> </u>	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
100 a second			(c)			
RDS,		Diality &	rellitur.	ODEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN PART TO
9 1 11177	CERTIFICATION	90 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
26 26 26	III.				YES NOD	YES NO
NG PHYSICIAN: The offending physic filer this certifical as the buriol-trainith and Mental Hygin parked or frem 1879.		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
SICIA ng pl certif certif fem	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	€R) P.M.	19		
PHY PHY PHY This of M	MEDI	216 INJURY OCCURRED	21e PLACE OF INJURY	E, FARM ETC ) 211 LOCATION STREET	CITY OR TON	NN COUNTY STATE
NG NG the off		AT WORK		761 76		
Heol			pital) oftended the deceased from	7 12	, to 3 - 2	19 0 (we) lost
CTO CTO d for n 21			not) view the bady after death.	, and that in (my) (dot) opinion	deoth accurred on the do	ate and hour and from the causes stated
Dep oche		226 SIGNATURE ROM		DEGREE	MEDICAL STAF	22c. DATE SIGNED
by 14 by 14 VERAL De detal Store		22d PHYSICIAN'S NAME TIMPE		PHYSICIAN PHYSICIAN	MEDICAL STAF	
HOS ORT	100	ECI RO		Was Alda to	1 COUNTY	HOSNITAL
of of other day	23 B	URIAL CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
aga CBP ag		Burial		Mead Branch Cem	. CHY OR LOWN .	ster county state.
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